THE

MEDICAL AND SURGICAL REPORTER.

No. 1373.] PHILADELPHIA, JUNE 23, 1883. [Vol. XLVIII.—No. 25.

ORIGINAL DEPARTMENT.

LECTURE.

RACHITIS AND HEREDITARY SYPHILIS.

BY M. PAUL RÉCLUS.

Prof. Agregé of the Paris Faculty.

GENTLEMEN: It has been long suspected that a close connection existed between rickets and hereditary syphilis; the idea that one had its origin remote or near from the other, naturally presented itself on account of the strange and sudden appearance of these two diseases, the first, syphilis, preceding the other by about a century and a half.

But what influence has syphilis on the development of this disease?

Must ancestral syphilis be incriminated as a simple cause of dystrophy among the descendants, the same as scrofula, alcoholism, every failing of the organism, and every physiological defect?

The feeble, delicate child, inheriting insufficient vital resistance, will have his articulations affected and his long bones incurvated with the same facility that his feeble constitution, under the same conditions, allows of the development of the tuberculous germ.

Bœrhaave and Van Swieten, Portal and Boyer, are among the most illustrious defenders of this doctrine.

Should we, on the contrary, consider rickets as having its origin directly from syphilis, engendered directly by it, and occurring, if not as a necessary, at least, as an habitual accident of this disease; taking its place in the evolution of hereditary syphilis, by the side of specific coryza, alopecia, pemphigus, mucous patches, and visceral gummata? So that we might conclude by this aphorism, unless there is syphilis among the parents, no child will be affected with rickets.

Such is the thesis proclaimed by M. Parrot, and sustained by him with great ability. We will devote this lecture to the careful examination of his opinions.

Rachitis, affirms M. Parrot, is an accident of hereditary syphilis.

To demonstrate the truth of this opinion, it is not sufficient to show that syphilis has existed among the ancestors of the child; this fact, often very difficult of proof, would simply indicate the influence of syphilis in the development of rachitism, but not the direct descent of the latter from the former.

Because alcoholic subjects frequently engender scrofulous children, it is no proof that scrofula is a manifestation of alcoholism. M. Parrot well understood this, and sought the proofs of hereditary syphilis in the child itself.

Hereditary syphilis, like the acquired form of the disease, is characterized by multiple accidents, which appear simultaneously, or at different periods; they have a certain evolution and may completely disappear, but not without leaving some vestige of their existence.

In order to demonstrate the syphilitic nature of rickets, it is necessary to find on the child, in conjunction with the bone lesions characteristic of rachitis, one or more lesions or signs of old lesions found only in hereditary syphilis.

Such is the method pursued by M. Parrot, who found the subject very imperfectly treated in diverse works on the subject. He succeeded, however, in grouping together a certain number of

lesions, some already well known and others discovered and described by himself. These are: first, accidents of syphilis in full activity, syphilides (mucous patches) about the mouth and anus, alopecia, bullæ, pustules, ulcerations, and gummata, all having their peculiar characteristics and habitual mode of evolution.

Among the alterations of mucous surfaces which have escaped the notice of observers, M. Parrot describes a desquamative affection of the lingual mucous membrane. This consists in white spots over the surface, where the epithelium is thicker than usual, the centre is soon shed, while the lesion continues to spread at the periphery, forming a crescent-shaped lesion with the opening towards the front. Several of these lesions may be found on the surface of the tongue, disappearing to again return without any appreciable cause and at undetermined periods.

In connection with the visceral gummata found at the autopsy, certain forms of cheesy degeneration are found in other organs, particularly, according to the researches of MM. Parrot and Hutinel, in the testicle, which should always be carefully examined, when there is any suspicion of the existence of hereditary syphilis.

These gummata, also, though often found only at the autopsy, are of great importance in demonstrating the connection between rachitism and syphilis.

This is not all. M. Parrot asserts that he can recognize, by certain indelible stigmata, the vestiges of former syphilis; the disease has proceeded through its diverse periods and is finally cured, but not without leaving traces of its passage; so that an experienced observer may reconstitute the history of the malady, its gravity and even the period of duration of the different accidents. These lesions, which affect the external integument and the teeth, are of very great importance in the elucidation of the question at present before us.

Transmitted syphilis, like the acquired disease, often leaves after it cutaneous cicatrices, of which the situation alone reveals the origin.

These marks are always found at certain points, particularly those oftenest occupied by bullæ, pustules and ulcerations of diathesic origin. They are met with on the lips, to the right or left of the median line, or about the commissures. But they appear oftenest towards the lower extremity of the body, at the sacro-coccygeal region, about the anus, and over the internal surface of the thighs.

These stigmata vary, according to their duration and the gravity of the accidents, which primarily produced them. At first they have a red, purplish coloration; later on they become of a pearly-white tinge, and are surrounded by a pigmented zone.

When they result from bullæ or superficial ulcerations, they leave a circular mark of no very great depth, and hardly noticeable. When the lesions have been caused by gummata, a sort of cup-shaped depression is found, showing the loss of substance on the evacuation of the mass.

The dental alterations are more rarely observed, but furnish important evidence when they exist. For syphilis cannot attack the teeth in the adult.

When the ivory and enamel have been completely formed syphilis cannot attack them. The lesion is produced during the period of evolution of the follicle. As, on the other hand, the teeth of the first and second dentition appear in the jaw, and are developed at certain limited and well-known periods, it is possible, by the simple examination of one of the affected teeth, to form an opinion regarding the exact period when the individual suffered from the disease. It will then be necessary to observe if the tooth affected belongs to the first or second dentition; whether the lesion is found on one of the incisors, on a small or large molar, and also the height of the marks on the crown of the tooth. It is from the information thus derived that a close opinion may be formed as to the period the individual suffered from the disease.

These dental alterations, first noticed at the commencement of the last century, by Fauchard, have been well studied by Hutchinson, Tomes, Broca, Magitot, Rattier, and by M. Parrot, in the remarkable articles published in the *Gazette des Hopitaux*.

He describes, under the general designation of atrophy, five forms of alteration; cup-shaped or cupuli-form, sulciform, cuspidian, hatchet-shaped (en hache) and Hutchinson's atrophy.

M. Magitot prefers the designation erosion to that of atrophy, and distinguishes several varieties; first a simple notching of the free border of the incisors, small elevations on the triturating surface of the molar teeth (erosion en mamelon), congenital absence of the enamel, finally complete erosion of the crown of certain teeth.

These alterations, several varieties sometimes being found on the same tooth, are symmetrical; they attack the two corresponding teeth in the same jaw, and have ordinarily the same seat, form, and depth in both teeth. If two ridges are found on the right canine of the lower jaw, the left canine of the same jaw will present the same

alterations. It is then on homologous points of the same jaw that the diathesis leaves its marks, which permits us to conclude, from the seat and extent of the dental lesion, the precise period when their pathological cause attacked the system, and the more or less marked intensity of the attack.

M. Parrot attributes these alterations to syphilis. They may then be added to the lesions we have already mentioned, and in conjunction with the maculæ patches, bullæ ulcerations, gummata and peculiar alterations of the lingual mucous membrane which characterize syphilis in full activity, we will have the cicatrices of the external integument and mucous membranes, and the atrophic alteration of the teeth as signs that the malady formerly existed. It is thus that M. Parrot solves the problem and considers himself justified in affirming the existence of hereditary syphilis when he discovers any one of the signs enumerated.

The affection of the bones, which by a series of progressive changes leads to rickets, coincides almost constantly with the lesions of syphilis in activity, or with vestiges of the former existence of the malady.

Hence, says M. Parrot, hereditary syphilis must be considered as the immediate cause of rickets.

Rachitis is a systematic lesion affecting the bones at certain determined points, the same for homologous bones and the alterations attacking one rib, or the humerus, or tibia of one side, are found also on the corresponding rib, humerus, or tibia of the other side of the body. Rachitis is also a "chronologic" malady, with distinct types, corresponding invariably to certain periods of the disease; the first type appears at the end of the intra-uterine existence, and may continue during the first five or six months of life. After this term, the second type is developed. The third type, which, according to M. Parrot, differs in no degree from ordinary rickets, very seldom supervenes before the second year. The disease may go through these three periods, but in many cases it first appears in the second or third type.

The first type is characterized particularly by the presence of hard osteophytes, which appear in new layers of bone tissue, deposited about the long and flat bones, particularly towards the lower half of the humerus and the internal surface of the tibia; often they appear on the cranial bones at the junction of the frontal with the two parietal bones, causing the singular deformation known under the designation, "natiform skull."

These masses differ from normal bone by a peculiar coloration, and by the direction of the trabeculæ, which are perpendicular to the axis of the diaphysis. At the same time in many cases a chalky layer is met with, not far from the epiphysis; it is friable, and not more than one or two millimetres in thickness; it has been called by M. Parrot chondro-calcareous, "because it is nothing more than cartilaginous tissue infiltrated with lime salts."

The second type, that of gelatiniform atrophy, presents, together with the alterations found in the preceding type, osteophytes and chondro-calcareous layer, certain circumscribed portions, where the bone is replaced by a soft tissue, filled with a substance "watery, transparent, of different shades, often yellow, much resembling a mass of gelatine."

At these points the bone offers no resistance and breaks easily; juxta-epiphysary fractures are observed, and the limbs are so powerless that pseudo-paralysis of syphilitic nature is often suspected.

Finally, the third type, that of spongoid tissue corresponds to ordinary rickets. The chondroid layer of the conjugal cartilage is very thick, and is penetrated by a soft, vascular tissue of new formation called spongoid tissue by Jules Guerin; these exuberant masses raise about the joint numerous osteophytes, of which the volume and flexibility explain the peculiar appearance of the extremities, the incurvations of the diaphyses, and the frequent occurrence of fracture. The bones are in part decalcified and almost wholly composed of masses of medullary elements.

These three types may succeed each other; they pass one to the other by insensible transitions.

It is not rare to meet with traces of the three types on the same bone, each leaving its peculiar marks on the concentric layers of the diaphysis; so that the evolution of the malady and the pathological history of the bone may be thence reconstituted. The microscope also demonstrates that these three varieties, apparently distinct one from the other, are in reality different forms of the same morbid processes.

In effect, "if close attention be paid to structural details, it will be seen that gelatiniform atrophy, decalcification, and medullization consist —the first in a melting of the bone elements, for which is substituted a fibrillary net-work; the second in the absorption of the lime salts, and the third in the predominance of the soft over the

hard parts; while the osteophytes, which mark these different periods constitute a characteristic sign of the disease."

In these osteophytes the normal bone is replaced "by large spaces, disposed perpendicularly as regards the axis of the diaphysis, and by a net-work of connective tissue of vessels and a few medullocelles (sic)"; they are limited by ossiform trabecules, surrounded by corpuscles resembling those of connective tissue, of irregular shape, having fibrillary prolongations, anastomosing about the angles. They form a net-work becoming more dense as the malady progresses, attaining the maximum in spongoid tissue.

"The fundamental anatomical element of these products of new formation is then the same at the different periods of evolution of the morbid processes. What causes the different varieties observed, is the quantity of the elements present, the width of the spaces separating the trabeculæ, etc."

M. Parrot asserts then, that he has established the identity of the three types of osseous alterations he has described.

Or, since the third type is rachitis, as ordinarily observed, it may be concluded that the presence of hard osteophytes and gelatiniform atrophy constitute rickets in newly-born children, and, on the other hand, as corollary, that rachitis is but the sign of hereditary syphilis, as it affects the bones towards the second year of existence.

M. Parrot has never met the first two types of bone alteration without concomitant syphilitic lesion. At the same time that hard osteophytes and gelatiniform atrophy are found, "some incontestable mark of hereditary syphilis will be revealed by careful examination, either in the viscera or on the skin." In children or adults, presenting rachitic deformations, the clinical demonstration is more difficult. But even in many of these cases evidences of actual or long-cured syphilis may often be found.

The doctrine of M. Parrot, as regards its most essential points, may then be summed up as follows: hard osteophytes, gelatiniform atrophy, and spongoid tissues are different varieties of the same disease. Or, since the two first are evidently of syphilitic origin, then the last also must derive from the same source, and we arrive at the general conclusion, that rickets is engendered by hereditary syphilis.

This doctrine has naturally provoked considerable discussion, for rachitis has been frequently observed where observation during a long course of years has never shown any trace of syphilis in the family.

And again, M. Parrot, at the Hospice des Enfants Assistés, is fixed in a situation where hereditary syphilis is very common. And besides being syphilitic, the children are exposed to all the causes which usually provoke rickets. That they are born of syphilitic parents is incontestable; but they are also poorly nourished, badly clothed; they have suffered from cold in low, damp localities; in fact, besides suffering from hereditary syphilis, they have been exposed to all the causes of organic degeneration, capable, according to all authors on the subject, of producing rachitis, without the presence of any morbid diathesis.

M. Cornil draws our attention in this respect, to an important fact. "Why," says he, "is rachitis rare in large cities where syphilis is frequent, but where the inhabitants are well clothed and fed, while it is frequent in certain country districts where the people live in misery?"

Is syphilis the unique cause of rickets, as is the bacteride of malignant charbon? In the very favorable centre of observation where M. Parrot is placed, out of 100 rachitic patients there is always 10 who present no appreciable sign of syphilis. And nevertheless, M. Parrot admits as signs of syphilis several accidents, which, according to other authors, are of very doubtful value.

The value of the lingual lesions and of certain cicatrices in the gluteal regions have been much contested in this respect.

And this is not all. M. Magitot, in an able communication to the Medical Congress at London, denies in toto the syphilitic origin of the dental alterations, attributed by M. Parrot to hereditary syphilis.

He reproaches M. Parrot with relying on the atrophy of the teeth to establish the diagnosis of syphilis, before proving, by rigorous clinical observation, the syphilitic nature of these alterations.

And then, how many individuals affected with hereditary syphilis, present no traces of dental atrophy. M. Magitot has found that the natives in Algeria, among whom syphilis has been endemic and hereditary for a long period, very rarely present any erosions of the teeth.

Have we not, on the other hand, observed individuals presenting marked alterations of the teeth, contract hard chancre? And yet it is generally admitted that hereditary syphilis preserves surely from the acquired disease.

Again, syphilis is a disease observed only in the human subject: and yet this same symmetrical erosion of the teeth has been observed by M. Magitot in cattle.

Finally, this author has observed forty cases of dental erosion where minute research has shown, in the great majority, complete absence of syphilitic antecedents.

But we will return to the figures furnished by M. Parrot.

In 100 cases of rickets, he found in 90 cases traces of hereditary syphilis, but if the bone lesions, alterations of teeth, and integumental cicatrices, admitted by him as signs of the disease, be eliminated, how many cases would present the other classic signs of the congenital diathesis?

However, the arguments brought forward by M. Parrot in the support of his opinion, are exceedingly plausible.

He brings forward the fact that the two maladies became generalized at about the same epoch, and that they are exclusively developed in the human subject, for the researches of M. Tripier have demonstrated the falsity of the ancient opinion that rickets exists in animals.

And again, what a multitude of causes have been brought forward to explain the development of an affection of so characteristic an evolution and so constant a course. It is difficult to admit that the many opposing causes invoked can develop rachitism.

We would then be tempted to consider rickets as simply an accident of hereditary syphilis.

Unfortunately, even if the pathological anatomy seems to point in this direction, notwithstanding the adverse opinion of Kassowitz, clinical facts do not confirm the theory, and the magnificent and laboriously executed researches of M. Parrot are yet far from inspiring entire conviction in the value of his opinions.

COMMUNICATIONS.

REPORT OF AN OBSCURE AND FATAL DISEASE.

BY JOSEPH GIBB, M.D.

Read before the Northern Medical Association of Philadelphia.

I desire to bring the following case to the notice of the society, hoping that thereby there may be some light thrown upon what to me was an extremely interesting and puzzling case.

Richard C., æt. 26, colored, a strong, hearty man, has always enjoyed good health, never having been seriously ill, a moderate drinker, and by occupation a coachman, was taken sick March 3, 1883, as near as could be judged by a rather disconnected history, with pains in head, chest, and limbs, together with chilly sensations an sweating. He was much exposed to the weather, as would naturally follow from his occupation. He continued with these symptoms for one week, and though feeling quite ill, did not give up his occupation, until the evening of the 9th, when he was obliged to do so by an exacerbation of the above symptoms, accompanied with dyspnœa. At this time there was a slight cough and trifling expectoration. When first seen the evening of the 10th, the most noticeable objective symptoms were great dyspnœa and heat of skin. The subjective symptoms were pains in head and limbs. In addition, it was noted: pulse was 130, rapid and compressible; temperature, 104⅘; respiration, 48; tongue harsh and dry. Moves about the bed with great difficulty, each turn giving rise to expressions of pain. His mind was clear, though he manifested a dislike to being disturbed, and when allowed to rest for a moment relapsed into a sort of stupor, from which he could be easily aroused, and answered questions plainly and intelligently.

From the above symptoms, attention was naturally directed towards the chest as the seat of trouble, and a careful examination was accordingly made.

Inspection.—Movements rapid.

Percussion.—Slightly impaired resonance over base of right lung, extending to finger's breadth below nipple anteriorly, and nearly to angle of scapula posteriorly. This impairment was so slight that I could not convince myself that it existed except by comparison with the other side where percussion resonance was normal.

Auscultation.—Sibilant rales over both sides of chest, anteriorly and posteriorly. The respiratory murmur was over the base of right lung; the seat of impaired resonance was weak and distant.

These conflicting and negative physical signs led me to abandon the lungs as the seat of the affection, and turn my attention to other parts. The belly was not tympanitic, nor was there pain or gurgling in the right iliac fossa. Upon questioning, it was ascertained that his bowels had not been moved for one week. The symptoms were certainly typhoid in their nature, but upon examination there was not the slightest evidence of the specific disease.

There was some slight amelioration of the symptoms the next morning (11th), the temperature dropped to 103°, and there was not quite so much stupor, but towards evening he began to develop twitching of muscles around the mouth. The bowels had been freely opened by small doses of calomel frequently repeated; and thinking there

might be some malarial trouble 10 grains cinchona was given every two hours.

The next day (the 12th) the same symptoms continued, and in addition sub-sultus tendinum, jactation, and other nervous symptoms began to be developed. Urine was suppressed, or rather, retained. These last symptoms increased through the day, and in the evening, when seen in consultation with another gentleman, he was semi-comatose. Urine withdrawn with catheter was dark colored; upon examination contained no albumen. Pulse 144, fluttering; and the most remarkable of all the symptoms, the temperature, was 107°; the respiration 45; abdomen tympanitic; no iliac tenderness; no eruption.

Again the lungs were carefully examined with a negative result. He rallied slightly on the 13th, being a little easier to arouse from the stupor, still the sub-sultus and nervous symptoms continued with a pulse of 130, weak, temperature 105⅘°, respiration 60, in the morning; pulse 120, more regular, temperature 103¼°, respiration 54 in the evening. Was called early the morning of the 14th, and found him in the following condition: Oscillation of the eyes, twitching of different groups of muscles not regularly or symmetrically, which at times resembled clonic spasms. Pulse impossible to take because of the spasms. Temperature 105½. These were all merely the evidences of approaching dissolution, which took place at 9 a. m. of this day.

The *post mortem*, which was made thirty-six hours after death, was nearly as negative in its results as the endeavor to make a diagnosis during life.

Chest.—No fluid in pleural cavities. Bands of organized lymph, with adhesions on both sides of chest showing the existence of an old pleurisy. The lung tissue was normal in appearance and perfectly crepitant, excepting at the base of both lungs, posteriorly, where there was hypostatic congestion as evidenced by the dark, almost black, color. It was easily lacerable, and was not entirely devoid of air manifesting a slight degree of crepitation.

Throat.—Normal.

Liver and Spleen.—Normal.

Kidneys.—Normal in appearance. Capsule non-adherent. Several feet of the ilium, the cæcum and portion of colon were removed and carefully examined. External appearances normal. The gut was cut open with scissors just at the attachment of mesentery. The mucous surface of this portion of intestine was intensely congested. At parts, and particularly around the ileo-cæcal valve, it was of a scarlet-red appearance. At other parts the vessels were engorged, but the color of membrane was more dusky. No elevation or ulceration of Peyer's patches were noticed though carefully looked for. Circumstances would not admit an examination of brain and spinal cord.

Such is the history of this singular case with the results obtained *post mortem*. It is to be regretted that a more detailed account could not have been obtained from the incipiency of this case to the time when I first saw him, when he was almost moribund. Though his mind was tolerably clear and remained so to the end, still it was with great difficulty anything could be obtained from him; all his friends seemed to know, was that he was very sick before he came here, and passed a good deal of his time sitting in a stable over a gas-stove, to which they attributed all his trouble. Had an accurate and full account of the earlier days of his illness been obtained, a diagnosis might have been more simple, as it was, it was extremely complicated. The idea of lung trouble was abandoned after the examination of those organs. A low typhoid condition: could it be typhoid fever? was the mental inquiry, if so, where were the iliac tenderness—the diarrhœa, the typical temperature, etc.? All absent. Typhus? No history of the causes which usually act in producing this disease—overcrowding, bad food, etc.; positively no eruption, though it was sought for several times. Had this eruption been present, the difficulty would have been solved, for the other symptoms pointed markedly toward typhus fever. Observe a rapid, feeble, highly compressible pulse, an unusually high temperature, mounting still higher as the fatal end approached, a hot, stinging skin, and cerebral symptoms indicating a typhoid condition, with absolutely no abdominal symptoms, save towards the very end, when tympanites developed. Being fully cognizant of the extreme rarity of sporadic cases of typhus fever, still I could not divest myself of the idea that this was a case of that nature. While a resident at the Philadelphia Hospital in the winter of 1880 and 1881, I saw a number of cases of this disease, though never without the characteristic eruption. In other respects, the symptoms of this patient were singularly like some of those treated in the hospital.

I should like to have the opinion of the members of the society in reference to this case, as it would in a measure mollify the chagrin felt at being unable to thoroughly diagnose it, and at the same time lead me into different channels of

thought, and thereby save me the mortification, should a similar case arise in the future.

TETANUS OR WORMS?

BY PAUL KEMPF, M. D.,
Of Ferdinand, Indiana.

On the 25th day of October; 1882, a butcher called at my office with his son, John Weber. The latter is nine years old, heretofore has enjoyed good health, and never had any convulsions in his babyhood. Three of his uncles died when young of cerebral meningitis.

Three weeks before he came to see me he was vaccinated with humanized virus. The vaccination proved successful, and two well-formed scabs were on his arm, but there was no undue amount of inflammation present.

The most striking symptoms on the above-named date were, a contorted face, difficulty in opening the mouth, vague pains everywhere, a stiff back, and a peculiar walk. Nothing further save negative points could be elicited by questioning the father. The temperature was normal, the skin moist and cool, and the bowels had responded by three watery actions to a dose of castor oil given the day before. Two six-grain doses of potassium bromide, and then two five-grain doses of chloral hydrate, were ordered.

On the night of this day I was hastily summoned to the patient's home. He was in severe convulsions. The jaws were firmly closed, the eyelids partly so, *risus sardonicus* was well marked, slight ophisthotonos was present, and he had bitten his tongue so that the blood flowed.

The thermometer registered 104° F.; the pulse was much accelerated. After a thorough examination, no lesions excepting those of vaccination, and several large herpetic sores around the anus, could be discovered. There was no tenderness or pain along the spinal column, and the mind was perfectly clear. Profuse sweating appeared at intervals. Occasionally, the boy would shriek out, and then the entire body was as stiff as a board. The jarring of a footstep on the floor, a draught of air, or the simple touch of my fingers, would bring on or intensify the general spasm. Tetanus was my diagnosis; whether idiopathic or traumatic, I was not prepared to say. The vaccination I suspected as a cause, however; but I took good care not to communicate my suspicions to the family. The chloral hydrate was increased to ten grains every hour till sleep was produced. On the next day eight grains of potassium bromide and a half ounce of the elixir of ammonia valerianate were given at every third hour. The room was darkened, kept agreeably warm, and silence about the house was enjoined.

It soon became apparent that the chloral hydrate held the convulsions in check, and accordingly this medicine was continued, the dose being increased or given more frequently according to the severity of the attacks.

These attacks of spasm, especially after the first three days of the disease, occurred at night to a much greater extent than during the day. In fact, after this period of time, he had not once in daytime opisthotonos, but the "devilish smile" and rigidity of the legs were constant. I feared that malaria, the greatest factor in diseases in this part of the country, might have some influence in this case; so I gave twenty-five grains of quinia sulphate during two afternoons. No visible effect for good was created.

One night all the symptoms were aggravated. The *risus sardonicus* was extreme; all the facial muscles were horribly contorted, and the patient foamed at the mouth, while his body formed a complete arch. No medicines could be given *per orem*. The hypodermic injection of one-fourth of a grain of morphia sulphate quieted the patient. A stick of hard wood was then put between the teeth, to prevent further laceration of the tongue. My prognosis was necessarily gloomy. After the patient had lived through a week's illness, it became brighter, as nourishment, milk, eggs, beef tea, and small quantities of whiskey, were given at short intervals. I determined to stick to the original plan of treatment, and so the chloral hydrate at night, and the potassium bromide mixture during the day, were kept up.

On the eighth day of his illness the patient passed a large worm of the "ascarides lumbricoides" kind. I asked myself, could worms have anything to do in this case? The patient had extreme pains in the abdominal region, with contraction of the muscles there—but these things occur in nearly all cases of tetanus. Four grains of santonin in a drachm of fluid extract of senna and spigelia were administered at night. The next morning two more worms passed with the stool. On alternate nights the same vermifuge was given, and in all, thirteen large worms came away.

Sweating was very profuse at times, and a large crop of miliaria rubra appeared. Extreme itching was complained of. Simple vaseline relieved this greatly. Thus the disease progressed, gradually becoming less in intensity, though there were occasions of exacerbation, till the seventh day of November.

On the night of this day the patient had the last severe convulsion. Sleep was however often interrupted for the next week by dreams, and to prevent these the chloral hydrate was continued, though in gradually diminished doses. The potassium bromide was now given twice daily. At the end of three weeks I pronounced the patient out of danger. The peculiar expression of the face then passed away, also the skin eruption and the swelling of the eyelids. The appetite became voracious: it had in truth never failed seriously throughout the illness. It may be mentioned here that the submaxillary glands had been enlarged and painful. No particular treatment was used for these, and they resumed their normal condition.

The power to walk returned but slowly; however, on the sixth day of December the boy was entirely well.

Was this a case of tetanus, or of reflex convulsions from intestinal worms? Looking over the standard works on these subjects, and considering all things, I thought it a case of tetanus, and treated it as such.

The course of the disease, the peculiar convulsions, the great sensibility of the nervous periphery, the enormous doses of toxic medicines taken, all point towards tetanus. On the side of reflex convulsions from worms, are the facts that the patient recovered, and that worms were present. May not a case of tetanus terminate favorably? May not the presence of worms be a coincidence? Or may not the combined irritation of intestinal worms and that of the vaccination sore have produced tetanus? At any rate it is an open question, and an unbiased mind will not jump suddenly at the conclusion that it was a case of reflex convulsions "produced by worms."

Hospital Reports.

MICHIGAN COLLEGE OF MEDICINE.

Hospital Clinic.

D. LAFERTÉ, M. D.,

Professor of Anatomy.

Necrosis of the Phalanges of the Great Toe from Frost Bite.

GENTLEMEN: This is a case of frost bite. Before I tell you the different symptoms assumed in a case of this kind, we will try to get the information from the patient himself. The man says he wore a pair of coarse boots after his feet were frozen, a few nails stuck up in the soles of the boots and hurt his feet. Sometimes these pegs are only wooden ones, at other times they are metallic. Some of these pegs projected through the soles of the boot and produced sores. Now the question comes up, Were those nails in the soles of this man's coarse boots the cause of this trouble, or is it due to the fact that his feet were frozen? It is very desirable to know. The irritation of those pegs might cause ulceration of the soft parts, but they would scarcely ever produce necrosis of the bone, deeply seated under them. In order to understand the pathology, it is necessary to trace it from the first stage. He says he experienced a peculiar tingling in the parts after they were exposed to excessive cold. That is the first symptom of frost bite. Then came numbness and whiteness of the parts, followed by redness, swelling, itching, and prickling. Perhaps every one of you has experienced some of the symptoms during very cold weather. The border of your ear, tip of your nose, points of your fingers, may have been slightly frost bitten, and you undoubtedly noticed the train of symptoms this patient has just described. Excessive heat has a similar effect in producing the first visible symptom of frost bite, viz, redness. Hold your hand by a fire, or expose it to the rays of the sun on a hot day, and it becomes red; increase the heat, and you increase the redness by dilating and irritating the capillaries; increase the cold, you diminish the redness by contracting the blood-vessels. Endeavor to restore the part by gentle rubbing and gradual elevation of temperature, and you may be entirely successful. If the frost bite has been severe, the part will be of a purplish color, almost the color of this man's nose. You have then a certain amount of stasis of the blood. We may have a still greater degree, and then you will have mortification take place. The first degree is where you have a certain amount of redness of the part; second, where you have a vesicle forming; third, where there is gangrene of the part.

You have three degrees of heat also; first, the erythematous blush where the part is exposed to a moderate amount of heat, especially in summer on a very bright day; second, where you have a more severe heat, and you will have a blister; and third, where there is still more severe heat, and you have sloughing of the part and gangrene. Cold is liable to produce any of these results. It is not the high dry cold that is liable to produce these results. This fact was proven during Napoleon's expedition to Moscow; retreating through Russia it was observed that during the extreme cold weather, when the atmosphere was dry and the thermometer away below zero, the soldiers did not suffer much; but when the thermometer was above zero, sleet falling and this accompanied by wind, then the men suffered most from the effects of cold. It is the cold with moisture, and not the dry cold, that produces the quickest and most marked effects.

Now before taking up the treatment, we will consider another variety; that variety where a person suffers from cold for a while and afterwards is overcome by it, gets drowsy, the circulation becomes sluggish, he is affected with stupor, falls asleep, perhaps never to wake again — general paralysis not only of a part but of the whole frame, a general impression upon the whole sys-

tem. When people have died from these causes, it was found that the fluids were all frozen throughout the body; it shows that the whole body was penetrated by this atmosphere.

The parts become very brittle. In histories of some of the wars we read that a great number of wounded were placed in ambulances and suffered severely; a general impression was made upon the soldiers by the cold, and quite a number had their limbs entirely broken off. It is very easy for a person with a frozen ear to chip off parts of it, which shows that the parts become very brittle.

What are we to do for such cases? Great care should be exercised not to bring on the reaction too suddenly in bringing back vitality to the paralyzed nerves and blood-vessels. Suppose a finger or a nose is frostbitten, revive the vitality all at once, and the re-action would be too severe, and as a result we would have a failure in our efforts. If we put the part in warm water the rush of blood is intensified, and a heavy sensation because the blood cannot get through the arterioles; we have a determination of blood to the part—a stasis, following which we may have gangrene and sloughing. Do not make too sudden a change from one temperature to another. Use friction with the hand, also using snow or dipping the hand in cold water, keeping up the friction and in that way gradually elevating the temperature, coaxing the blood back by degrees. In this and other cases, where you have to resort to friction of the body, it should be kept in a cool room. In those cases that have been generally impressed by the effects of a very low temperature, you may assume that, whenever you find a pulse however feeble, and the least motion of the heart, the patient may be resuscitated. Do not place him in a warm room, that would be too sudden a change; stimulate and excite the vital powers by rubbing. After the respiration has become regular and the heart's beat increases, you may give stimulants—whisky, brandy and ammonia—in the meantime keep up the rubbing. To revert now to this patient. We see the great toes of both feet red, ulcerated, and œdematous, the œdema extending up both legs. Inserting a probe in those open sores, it comes in contact with dead bone, which we will proceed to remove. The general rule in these cases of necrosis is to wait until the sequestrum is detached from the healthy bone before operation. Sometimes new bone is thrown out and encircles the necrosed portions. Here is a case of two years' standing, and little progress towards recovery. The question is whether it is better to remove the source of irritation, or to allow it to remain in this state. The reason of the existence of this swelling is, that the diseased bone becomes a source of irritation which causes an excessive flow of blood to the part, the serum of the blood becomes effused into the surrounding tissue. We will now cut down to see what we can do for him; it is always the rule to take away all the diseased tissue and dead bone. I find as we get down that it is necessary to go above the metatarsal phalangeal articulation before healthy bone is reached, and with a chain-saw passed around the bone, we have no trouble in effecting its removal.

HOSPICE DE LA SALPETRIÈRE.

SERVICE OF M. BAILLARGER.

Translated for the MEDICAL AND SURGICAL REPORTER from "Annales Medico-Psychologiques" by A. A. Gleason, M. D., Elmira, N. Y.

Access of Melancholy Appearing at the Menstrual Epoch; Symptoms Intermittent—Cure by Sulphate of Quinine.

S——, aged forty years, seamstress, entered the Salpetrière November 27, 1865. (Published May, 1882.)

We learn from the account furnished us by her daughter that the patient was very industrious, but of a sad disposition; her health generally good, appetite excellent, menstruation regular. They say that there have been no insane members in the family. Menstruation, which should have appeared November 20, has not come on. It may be added that for three weeks the patient has complained of flashes of heat in the head. Until then, however, no sign of intellectual derangement.

Delirium broke out November 23, in the evening. The patient maintained that she was bewitched. She threw various pieces of furniture out of the window. Complete insomnia, stupor, melancholic delirious conceptions, distress, anxiety.

At her entrance into the hospital, the same symptoms. Refusal of food. From time to time the patient pronounces a few words in a low voice: "They want to cut her in pieces; they are going to put her in the stove, plunge her into a kettle of boiling oil," etc.

November 28. The menses appear and last three or four days.

The state of the patient is not modified; the face remains sad; delirious conceptions persist. Refusal of food irregular.

December 12. A marked intermittence of the symptoms is observed.

The patient has a good and bad day very decidedly. During one day she converses reasonably; speaks no more of her delirious conceptions; her face is much less sad. The next day there is a reappearance of all the melancholic symptoms.

After having noted this intermmittence of symptoms for a week, I administer the sulphate of quinine, and the attack does not occur next day. The medicine was continued for five or six days, and the attacks have disappeared (40 then 75 centigrammes of sulphate of quinine were given).

From this time the state of the patient has rapidly ameliorated; the appetite is excellent.

Very soon S— became completely conscious of her condition and recognized the absurdity of these delirious conceptions; she left Dec. 30.

The attack, as you can see, lasted scarcely a month.

If the causes are sought which caused this attack of melancholia, none can be found except the delay of five or six days in the appearance of the menses and the flashes of heat which had lasted three weeks; which appear very insufficient. The patient as we have seen enjoyed good health before this, and according to all accounts had experienced no grief which could ex-

plain the appearance of the delirium; but she was of a sad disposition.

Remark also that the appearance of the menses resulted in no modification of the melancholic state, which subsided very rapidly under the influence of the sulphate of quinine.

MEDICAL SOCIETIES.

PATHOLOGICAL SOCIETY OF PHILADELPHIA.

Conversational meeting April 26, 1833.

James Tyson, M. D., President, in the chair.

Dr. Charles K. Mills delivered the lecture of the evening on the

Medical Examination of the Brain.

The lecture was amply illustrated by diagrams and specimens prepared by Dr. Mills, and also by a series of preparations from the *Mütter Museum* of the College of Physicians of Philadelphia.

Dr. Mills passed by with brief allusions examination of the scalp, skull, and membranes of the brain, the cerebral space and vessels, and the best methods of determining volume, specific gravity, and cranial capacity. His chief object in the lecture was to discuss and demonstrate the proper procedures to be pursued in methodically examining the surface and interior of the brain, after the removal of its envelopes, for the purpose of discovering and accurately localizing lesions.

In order to make an autopsy of the brain proper in a rapid, methodical, and scientific manner, he considered several requirements necessary:

1. The superficial topography of the brain should be understood. The examiner should be able to pick out without hesitation the chief tissues and convolutions. He should also, of course, be perfectly familiar with the numerous superficial subdivisions of the base of the cerebellum.

2. The variations in the size, direction, or arrangement of cerebral fissures and convolutions most likely to occur should be known to him. Age, race, individual type, education, and other causes, act to produce variations and anomalies. The student thoroughly familiar with the diagrams and demonstrations of Ecker might find himself at sea in his first examinations if this fact is not remembered.

3. A knowledge of the internal structure of the brain should be possessed by the operator. He should understand not only its ventricles and horns, its commissures and peduncles, its foramina and aqueducts, but also its medullated structure, as exhibited by sections of the cerebral and cerebellar hemispheres made in various directions. Methodical cerebrotomy, practiced in the vertico-transverse, vertico-longitudinal, horizontal, and even in other directions, will give certain more or less fixed appearances which should be familiar.

The surface of the brain should be thoroughly examined for morphological peculiarities, such as deficiency or excess of fissures and gyri, confluence of fissures, simplicity or complexity of folds and furrows; and also, of course, for pathological changes, for atrophy, softening, hæmorrhages, changes of color, etc. Dr. Mills described the fissures and convolutions as given by Ecker, and also called attention to some of the most common and striking variations from the usual type of the adult human brain, dwelling particularly on the fissures most likely to be confused—the pre-central, central, and retro-central, etc. The views and observations of Moriz Benedikt on the brains of criminals were referred to and criticised.

The examination of the fissures, convolutions, cranial nerves, and various regions of the surface of the cerebrum and cerebellum having been completed, the interior of the brain should next claim attention. The examination should be made in such a way as to cause as little disturbance as possible of the relations of parts by the incisions, and to allow, if desired, that the brain be brought together again after the autopsy and preserved as a whole. This could be done so as to submit every cavity, canal, part and structure to comparatively minute exploration. Some cerebrotomists, as Bitot, without stopping to investigate particularly into the various cavities and subdivisions, at once proceed to divide the brain into blocks by large incisions made at carefully-selected points.

The advantages of each of the three forms of sections—vertical transverse, vertical antero-posterior, and horizontal—were pointed out. The vertical transverse sections are the most generally useful. What are known as the middle transverse, mesolobar, or cortico-central zones are most important to understand. These comprise all the cerebral mass situated between the anterior and posterior extremities of the corpus callosum. Bitot describes and figures seven of these zones.

Sections and diagrams were exhibited by Dr. Mills, and the places and methods of making these sections were explained. The particular convolutions, and the regions of the ganglia, centrum ovale, capsules, etc., traversed by these sections were shown. The ganglio-insular region was particularly described. This region includes a large portion of the island of Reil, of the optic and striate ganglia, of the external and internal capsules, and of the external wall. The importance of having at command a fixed nomenclature for the various planes and regions was dwelt upon. Following the method of Bitot, the surfaces exposed by the sections were divided into a superior, inferior and middle division, and these were studied. A diagram representing the relations of the middle portion of the brain to cranium was shown and explained.

Dr. Mills said that he preferred to open the brain so as to expose its ventricles, horns, and parts, and examine each as nearly as possible in its integrity. By his methods such structures as the corpus callosum, septum lucidum, tænia semicircularis, velum interpositum, choroid plexus, fornix, foramen of Monro, pineal gland and its peduncles, etc., could be each in turn investigated for lesions.

After the cavities and horns had been exposed by proper incisions, methodical cerebrotomy, as advised by Charcot and Pitre, or Bitot, could be practiced, the cuts being made from within outwards, but not quite through the brain, so that the whole mass could be drawn together again after the cut surface had been examined.

Dr. Mills described three of the best methods of opening the brain:

(1) At the base, by taking as guides certain fissures and other anatomical landmarks.

(2) From the upper surface, by incisions through each side of the corpus callosum, or along the lower borders of the calloso-marginal fissures.

(3) By dividing the brain into two symmetrical halves by a careful median section. This should only be done after the parts in the median line had been previously explored.

Dr. Shakespeare said that he would like the lecturer to state why he prefers to open the brain from the base rather than from above. Dr. Shakespeare thought that by opening from above, the floor of the lateral ventricles would be better exposed, which contain the large ganglia of the brain, and a better topographical view would be obtained. The most usual cause for which the brain is examined is apoplexy. In these examinations it is necessary that very thin sections shall be made, so that all parts can be carefully examined. Dr. Mills has already pointed out the desirability of making these sections in such a manner that none shall be detached, so that when the examination is over all can be readily replaced, still leaving the brain practically in one piece. I believe that these two objects can better be obtained by making the examination from above, as taught by Prof. Orth (*Compendium der Pathologisch Anatomischen Diagnostik*) than by making it from below. The only part capable of holding the sections together is the cortex with its adherent vessels. Prof. Orth advises making a longitudinal section towards the cortex on a level with the corpus callosum. This section is made deep enough to cut the cortical convolutions half through. This leaves enough tissue to keep the part attached. The anterior horn, the ventricles and posterior horn, are laid open by a second incision. Transverse cuts as thin as desired are then made in the side pieces. These cuts go half way through the cortex. The large ganglia are then sliced transversely, beginning at the front and going backwards. These are also made to go half way through the cortical substances of the base, and so on. The examination being finished, the parts can all be folded together like the leaves of a book, not a single piece having been detached. The only way I can see of making thin sections of every part of the brain by the other method is to divide it into two lateral halves and then making your sections towards the cortex; for if the sections be made directly across the brain the parts in front of the corpus callosum and behind the peduncles will be entirely detached.

Another objection is that seven sections are too few, and if it is desired to have more it will be a difficult task to hold the already cut sections in one hand and split them with the knife held in the other.

Dr. Bartholow preferred to open the brain from above, for similar reasons to those assigned by Dr. Shakespeare.

Dr. Eskridge expressed a preference for the older method.

Dr. Mills then closed the debate by reiterating and amplifying the arguments contained in his paper.

C. B. NANCREDE, *Recorder.*

EDITORIAL DEPARTMENT.

PERISCOPE.

Transfusion.

Dr. J. F. Le Page contributes an article on this subject to the *Brit. Med. Jour.*, April 21, 1883, from which we select the salient points, as follows:

"It is utterly futile to attempt to administer stimulants, when the functions of the stomach are altogether suspended or when it rejects everything; and to inject nutrient enemata, when the absorbent system is completely paralyzed and has lost its faculty of assimilation. We notice gasping, which is an indication that the respiratory centre in the medulla oblongata is not duly stimulated; the natural stimulant of the respiratory centre is carbonic acid.

"No inspiration, as an involuntary act, could, in health, take place, were it not for the presence of carbonic acid in the venous blood traversing the medulla. How, then, does it come that this centre fails after hemorrhage? In this way: The respiratory centre is the transmitter, at regular intervals, of nerve force to the respiratory muscles; but it is not the mechanism which transforms matter so as to develop that force. Whilst carbonic acid is essential to the inspiratory act, oxygen is equally essential in the generation of that force which the centre transmits. Well, there is a deficiency of oxygen because there is a deficiency of blood in the brain; and what little is there, is in a state approaching stasis. Propel more blood through the cerebral vessels, and what happens? Oxidation goes on; force is developed, which the inspiratory centre, stimulated by the carbonic acid in the blood, rhythmically discharges, and respiration is re-established.

"This leads me to the indications to which these considerations point. Oxygen must be sent to the brain, carbonic acid to the respiratory centre in the medulla, and fluid to the heart. And how can we accomplish this? I have adopted this plan in patients who were not actually *in articulo mortis;* and, so far, with complete success. First, place the head low and raise the pelvis, so that blood may gravitate to the medulla; then autotransfuse—that is to say, transfuse the patient's own blood from the extremities to the vital centres. This is done by firmly bandaging both legs and

arms, commencing at the feet and hands. At this stage, ether may with very great advantage, as a most valuable means of stimulating nature's powers, be injected intermuscularly; and I venture to suggest that it would be both rational and expedient to inject a minute quantity of strychnine with the ether, for strychnine we know to be a most powerful and certain stimulant of the inspiratory centre. It now becomes our duty to supply the patient with such nutriment as is capable of sustaining life; and to this end, should the stomach still reject liquids, the assimilation of nutritive enemata will meet the case.

"Striking as is the success of this treatment, desperate cases do occur in which there is absolutely no hope excepting by placing directly into the circulation new fluid capable of arousing and sustaining life; and in those cases, as in the resuscitation of the drowned, there is ground for hope even after death has practically taken place.

"A question of no little importance is that of the form in which the aliment should be used. There are many cases on record in which *whole* blood has been used with complete success. The same thing may be said of defibrinated blood, and also of saline alcoholic solutions. The objection to the use of pure blood is its tendency to coagulate. Clotting may take place in the heart, in the vein, or in the instrument. How, then, can we avert its coagulation? By the very careful exclusion of air, by preventing cooling of the blood, and by the admixture of a small quantity of ammonia. In the first drawing of my transfusion apparatus, I had a device by which I could inject small quantities of ammonia into the blood as it passed trough the instrument. As this involved a more complex mechanism than I desired, I was led to an experiment which, so far as I know, is original. Not only ammonia, but salines generally, retard fibrination; and it occurred to me that a very convenient process would be that of preparing the blood of the giver before it was drawn from his vein. I need not here explain the experiments I made at length; but the deduction was this, that by administering ten minutes before blood is drawn, as large a dose of a saline with ammonia as can well be borne, fibrination is very materially retarded. I infer that, with the precautions against cooling and the admission of air, this preparation of the blood will effectively remove all danger from clotting.

Defibrinated blood has its advocates; and their grounds of preference are, that all danger of coagulation is avoided, and that it is unnecessary to bring the giver of the blood into the room.

In favor of the saline alcoholic solutions and milk, may be urged the impossibility, which must often present itself, of obtaining blood at the time when alone it can be of any avail; and the fact that they are always available at short notice. Dr. Hodder records, in the *Practitioner* of 1873, the cases of two patients, moribund from cholera, in whom he injected pure milk, in one fourteen ounces, in the other twenty-eight ounces. Both recovered. And here there was not simply a draining of blood to contend with, but a most potent poisonous influence. A teaspoonful of common salt, half a teaspoonful of carbonate of soda, with two tablespoonfuls of alcohol in a pint of water; or even simple water, with a few drops of ammonia in it, may be used. Half the mischief arises from the heart and arteries having nothing to contract upon; and hence we see how it is that these simple fluids answer the purpose. It is, of course, necessary to follow up transfusion by warm enemata of beef-tea, with brandy, and probably a little opium; to keep the legs and body warm, and, as soon as deglutition can be performed, to give brandy and hot water.

The operation itself is performed thus: Transfix transversely a fold of skin pinched up in the course of a vein at the bend of the elbow. Seize the vein and raise it with forceps, which are made for that purpose. Then open by a longitudinal incision. An assistant may now compress the vein with his thumb, whilst a vein is opened in the same way in the giver's arm. Then, having carefully charged the instrument with a warm saline solution, insert the cannulas into the veins; of course, pointing centrally in the patient's and distally in the giver's arm. Now, propel the blood slowly and smoothly, and watch the effect. Six or eight ounces will probably be ample. Then remove the cannulas, apply a compress, and bind with broad tape with figure of eight round the elbow.

I am convinced that the time is not far removed when, to permit a patient to die of hæmorrhage, will be considered little short of culpable homicide; when transfusion will take its proper place in medicine, in surgery, in obstetrics; when many valuable lives will be saved, which would inevitably be lost but for a weapon so potent, so effective, in defeating our common enemy, death.

How to Secure the Best Possible Physical Condition after Parturition.

Dr. R. Tauszky read a paper on this subject before the New York Academy of Medicine, which, while it contains nothing strikingly new, is worthy of reproduction in parts on account of its practical nature.

First of all, the accoucheur should be careful to cleanse his hands with soap and water, remove all foreign particles from beneath the nails, and then wash the hands in either a three per cent. solution of carbolic acid, or, what is probably more available, pure vinegar, and afterward oil the hands with carbolized oil of the same strength of carbolic acid mentioned. All instruments and articles used about the woman should be cleansed and disinfected by similar means. Just prior to confinement, or early in the first stage of labor, the bowels should be freely moved by an enema, repeated if necessary. The bladder should be emptied, and if catheterization is necessary, the urine should be drawn with a soft Nélaton catheter, which has been thoroughly cleansed in boiling water, and afterward disinfected. The vulva should be bathed with some antiseptic solution, such as a very weak solution of carbolic acid, perhaps with the addition of a small quantity of glycerine, or with a solution of thymol.

The author recommended careful dilatation of the cervix with the fingers. He also spoke of the advantage which might accrue from gently pushing up the anterior lip of the cervix above the symphisis. Tough membranes also may be ruptured with great advantage. He recommended the

use of chloroform, especially in primiparæ, not carrying the anæsthetic, however, to the production of full unconsciousness. The forceps in very many cases, if judiciously used, were advantageous rather than disadvantageous, and should be used rather than allow the head or shoulders to press unduly, for any considerable length of time, upon the perineum.

The cord should not be tied until the umbilical vessels cease to beat. Dr. Tauszky regarded this as a point of practical importance. He also recommended Crede's method of expression of the placenta.

Dr. Tauszky laid special stress upon the occurrence of hemorrhage after parturition, and remarked that a little hemorrhage after parturition is very dangerous, and should be arrested. He took the strong position that the accoucheur should be regarded as guilty of malpractice who would permit a slight quantity of blood to escape from the genital organs of a woman for days after parturition. He maintained that not a single drop of blood should appear after the completion of the third stage of labor; that the napkins when removed should be perfectly free from color; that should they be colored the physician should at once institute an examination with reference to the source from whence the blood came, and set about arresting it.

The bowels need not be moved until the third day after labor. It is not necessary, is often dangerous, is even fatal sometimes to use intra-uterine carbolized injections once or twice daily up to the second day, even after natural labor. He believed that such injections should be used only when the lochia are offensive, and febrile movement has developed. When the lochia are offensive and there is some fever present he invariably syringes the vagina several times a day with a disinfectant solution, but intra-uterine injections post-partum are necessary only in cases of internal violence, such as sometimes attends the manual separation of the placenta or the use of the forceps. When such injections are used, he preferred thymol or simple water to carbolized water, which could be introduced either through a soft catheter or the exceedingly convenient tube invented by Dr. Chamberlain. The injections might be repeated until the fetor of the lochia was either markedly diminished or entirely corrected.

Dr. Tauszky protested against the teachings of Dr. Goodell, of Philadelphia, with reference to the parturient woman being permitted to assume the upright position within three days after labor. He believed that the doctrine was a dangerous one, and unwarranted, and maintained that the recumbent posture should be kept, changing occasionally from side to side, for at least eight days after normal delivery, and especially until the uterus has returned to the pelvic cavity. Dr. Tauszky then referred to his experience on the frontier while in the army, and stated that it was not only among the civilized, but also among the savages, that women suffer from diseases peculiar to their sex, and stated that gynecological affections among the squaws were not at all uncommon. He attributed a large percentage of these conditions to early rising after parturition. He then detailed the history of a case which terminated fatally, and, as he believed, chiefly because of the early getting up of the patient.

For pelvic peritonitis, in case it developed, he regarded cold applications as the best that could be employed, but more especially in the early inflammatory stages.

Detection of Sugar in the Urine by Means of Test Papers.

In the *Lancet*, May 19, 1883, Dr. George Oliver thus writes:

Carmine of indigo is the sulph-indigotate of sodium, an intensely blue and soluble salt (solubility 1 in 120 parts water). Sulphuric acid when heated with indigo produces the soluble sulph-indigotic acid, which, after combination with a base (such as sodium, calcium, magnesium, etc.) provides us with insoluble indigo as a reagent in a perfectly dissolved state. When carbonate of soda is mixed with a solution of the carmine the latter is precipitated in a fine state of division; but when shaken this mixture may pass for a solution much like that of Fehling in color and general appearance. A perfect solution of a greenish-blue tint is, however, obtained after heating the liquid. As such it may be employed as a reliable, sensitive, stable, and non-caustic test for sugar in the urine; but on several accounts I give preference to the test papers prepared from its constituents. In their manufacture, it is true that great care is required to secure throughout the filtering paper a perfectly even distribution of the sulph-indigotate; but this result has now been accomplished to my satisfaction. The papers offer the following advantages over the liquid preparation: (*a*) Every paper is charged with the same definite quantity of the reagents; a uniformity is thus provided for the qualitative testing, which, moreover, becomes a standard of known value for the quantitative estimation. (*b*) The paper filters out a fine precipitate, so that the alkaline solution of the sulph-indigotate is perfectly transparent, and of a true blue; but, notwithstanding this fact, the color of any remnant of the reagent left on the paper is completely discharged by the sugar, so that in the quantitative estimation the colorlessness of the paper will be found the guide as to the termination of the completed reaction. (*c*) The portability, cleanliness, aad stability of these handy tests must commend them to your favorable attention. The characteristic reaction which indicates the presence of glucose in the urine, arises shortly after the first simmer of the solution prepared from the papers, a drop or two of diabetic urine having been added before the heating. Then a beautiful violet tint suddenly spreads throughout the bright-blue solution; very quickly the violet deepens, and passes into purple; this in its turn melts into reddish-purple, which gives place to various tints of red, and these as quickly merge into orange-red and orange, and finally the solution becomes of a straw color, which remains without further change, though heated ever so long. At this point you will observe the paper of the same light-yellow color as the liquid.

The mode of testing is important. One of the papers should be dropped into an ordinary half-inch test tube, and as much water poured in as

will just cover the upper end; a column one inch in height and half an inch in diameter will thus be produced, and the solution obtained will always acquire the same concentration. Then not more than one drop of the suspected urine is let fall into the tube from a pipette, and heat is applied. After the first change of color it is advisable to move the tube away from the flame, and merely keep its contents hot, not boiling, in the higher part of the column of heated air above the flame; then all the colors will follow in the order I have given, without disturbance from ebullition, until straw-yellow is reached, providing the amount of glucose present is sufficient to develop all the prismatic colors; if not, another drop of urine should be added. The results of the working of this test by the side of Fehling were briefly as follows: (*a*) On always submitting one drop of urine to the indigo test, and the presence of sugar being shown, confirmation was invariably provided by Fehling used in the ordinary way. (*b*) On the other hand, whenever one drop of urine gave no reaction with the test, Fehling's solution did not give a precipitate. (*c*) On, however, taking more than one drop of urine a different kind of experience was opened up. Then with various urines a deep violent or purple tint would strike up on the addition of the second, third, fourth, fifth, sixth, or more drops, and Fehling employed in the usual way gave negative results.

Cannabis Indica; A Valuable Remedy in Menorrhagia.

In the *Brit. Med. Jour.*, May 26, 1883, Mr. J. Brown, of Bacup, observes:

"Indian hemp has been vaunted as an anodyne and hypnotic, having the good qualities of opium without its evils. Also in dysmenorrhœa and insomnia it has not proved of much benefit. The drug has almost invariably produced some marked physiological effect, even in small doses. Text-books give the dose as ten minims and upwards, but five minims is the largest dose that should be given at first. If bought from a good house, the drug is not inert or unreliable. A drug having such marked physiological action ought to have a specific use as a therapeutic agent. Indian hemp has such specific use in menorrhagia—there is no medicine which has given such good results; for this reason, it ought to take the first place as a remedy in menorrhagia, then bromide of potassium and other drugs. The *modus operandi* I cannot explain, unless it be that it diverts a larger proportion of blood to the brain, and lessens the muscular force of the heart. A few doses are sufficient; the following is the prescription:

"℞.—Tincturæ cannabis indicæ,	♏xxx.
Pulveris tragac. co.,	ʒj.
Spiritus chlorof.,	ʒj.
Aquam ad,	ʒij.

One ounce every three hours.

"Four years ago I was called to see Mrs. W., aged 40, multipara. She had suffered from menorrhagia for several months. Her medical attendant had tried the ordinary remedies without success. Indian hemp was given as above. Its action was speedy and certain. Only one bottle was taken. She was afterwards treated for anæmia, due to loss of blood. Twelve months after this my patient sent for a bottle of the "green medicine." I learnt afterwards that she had sent this medicine to a lady friend, who had been unsuccessfully treated by another medical man for several months for the same complaint. It proved equally successful. The failures are so few, that I venture to call it a specific in menorrhagia. The drug deserves a trial. It may occasionally fail; this, however, is not to be wondered at in a complaint due to so many different causes, and associated with anæmia and other cases of plethora."

Robert Batho, M. D., M. R. C. P., Castletown, Isle of Man, writes in reference to the same subject: "Considerable experience of its employment in menorrhagia, more especially in India, has convinced me that it is, in that country at all events, one of the most reliable means at our disposal. I feel inclined to go further, and state that it is *par excellence* the remedy for that condition, which, unfortunately, is very frequent in India.

"I have ordered it, not once, but repeatedly, in such cases, and always with satisfactory results. The form used has been the tincture, and the dose ten to twenty minims, repeated once or twice in the twenty-four hours. It is so certain in its power of controlling menorrhagia, that it is a valuable aid to diagnosis in cases where it is uncertain whether an early abortion may or may not have occurred. Over the hemorrhage attending the latter condition, it appears to exercise but little force. I can recall one case in my practice in India, where my patient had lost profusely at each period for years, until the tincture was ordered; subsequently, by commencing its use, as a matter of routine, at the commencement of each flow, the amount was reduced to the ordinary limits, with corresponding benefit to the general health. Neither in this, nor in any other instance in which I prescribed the drug, were any disagreeable physiological effects observed.

"I could say a few words in its favor, as to its action in allaying irritative cough, but I prefer confining myself to a point on which experience has left me no room for doubt."

The Abortive Treatment of Infectious Diseases.

At the opening of the third session of the Second German Congress of Internal Medicine (*Medical Record*, June 2, 1883), Dr. Binz, of Bonn, presented a paper upon this subject.

Two causes were at work which tended to make infectious diseases less dreaded now than they were in former ages. These were an improved hygiene and an improved therapeutics. Hygiene alone will not suffice to prevent entirely the occurrence of epidemics, for the simple reason that it can never become perfect; and as long as a single focus exists favorable to the growth and development of the matter of contagion, there is danger of its spread to other localities. Hygiene and therapeutics must go hand in hand. But though we can never hope to prevent absolutely the occurrence of any infectious disease, the author believed that the time would come when we could strangle the disease at its inception and thus rob it of most of its terrors. We have already five remedies which we can send after certain exciters of disease to paralyze them and abort the

diseases to which they give rise. These remedies are quinine, mercury, iodine, arsenic, and salicylic acid. The antagonism of quinine to the malarial poison was dwelt upon; the explanation of its action being that it was a poison to the micro-organism found in this disease. This was not mere conjecture, but had been proven by direct experiment. Although at present there were no remedies to be regarded as specific antidotes to the microscopical organisms found in tuberculosis and diphtheria, Dr. Binz believed that they would some time surely be found. These diseases were now in the same condition as were rheumatism and malarial fevers before the discovery of the antidotal effects of salicylic acid and quinine. In concluding, the speaker predicted a glorious future for therapeutics.

Dr. Rossbach, of Jena, followed with a thoughtful article upon the same subject, agreeing with Dr. Binz in his hopes of vanquishing these enemies of mankind. He advocated the establishment of a special commission to study the action of the various drugs now in our possession, and of others yet to be discovered, to determine their proper dose and to ascertain their poisonous effects upon the lower as well as the higher organisms. In case of an epidemic occurring in any locality, this commission should recommend some particular remedy, whose action was supposed to be inimical to the disease in question. This remedy was then to be used by all physicians in their treatment of the disease, and a report could be made to the central body, upon the subsidence of the epidemic, of the results obtained by the various observers. In this way we might hope to make rapid advances in our search for specific therapeutical agents.

The discussion which followed was without special interest. The speakers agreed upon the desirability of the establishment of some such commission, which could formulate some general plan of investigation, and collate the results obtained by individual workers.

Malignant Pustule.

At a recent séance of the Academie des Sciences, M. Richet read an interesting communication on this subject.

In 1880, two cases were observed in his service at the Hotel Dieu; the first was a butcher, who presented a sore on the right cheek, accompanied by considerable induration of that side of the face and neck; the general symptoms were of a very grave character.

Serum taken from the sore itself, and some blood obtained from the index finger, were introduced under the dermis of several animals, and all thus treated perished, presenting all the symptoms of malignant charbon. The patient was energetically treated, subcutaneous injections of iodine solutions were made all about the sore, and the actual cautery applied.

The local troubles were somewhat ameliorated, but the general condition became graver, and the patient succumbed in 48 hours.

In the second case also the general symptoms were of great gravity, the temperature very near 104°, pulse 108, great thirst, with extreme prostration. All about the sore, down to the neck, there was a hard, œdematous swelling; the lymphatic glands under the lower jaw were swollen and painful. Neither the blood taken from the finger nor the serum of the pustule contained germs or charbon bacteria, as in the first case. Nevertheless, the liquids about the sore communicated the charbon infection to animals inoculated with it.

The treatment in this was similar to that practiced in the other—injections in seven or eight points in a circle about the sore of from four to eight grams of tincture of iodine, diluted with twice the quantity of water. The patient recovered, showing that if the case be energetically treated before the infection becomes generalized, a complete and rapid cure is possible.

BOOK NOTICES.

The International Encyclopædia of Surgery. Edited by John Ashhurst, Jr., M. D. In six volumes. Vol. III. New York. Wm. Wood & Co. 8vo. pp. 760.

The thorough and practical manner in which the various branches of surgery are discussed in this volume cannot fail to gratify those who have subscribed to the work. The articles contributed to it are all quite up to the mark of their predecessors and are in themselves complete and original treatises.

The main topics treated of in this volume are the injuries and surgical diseases of muscles, the vascular system (blood-vessels and lymphatics) nerves and joints. Such subjects as aneurism, tetanus, hemorrhage, ligations, vascular and nervous tumors, neuralgia, and dislocations, come within the scope of the volume, and are presented in an entirely satisfactory manner.

We would also mention as specially commendable, the numerous illustrations, the care with which they are printed, and the good quality of the paper and presswork. Such mechanical aids to study are by no means to be depreciated.

Handbook of the Diagnosis and Treatment of Diseases of the Throat, Nose and Naso-pharynx. By Carl Seiler, M. D. Second edition. Philadelphia. H. C. Lea's Son & Co. 8vo. pp. 288.

Dr. Seiler has taken advantage of an early call on him for a second edition of this useful manual, to revise it thoroughly and to make extensive additions to the text, especially in the portion which treats of the diseases of the nasal cavities. New wood-cuts have also been inserted, and likewise a sketch of a case record-sheet for keeping a complete record of cases.

As a convenient, well-arranged and carefully-prepared monograph, it is safe to say that this volume stands in the first rank.

THE
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THE PRACTICAL VALUE OF THE BACILLUS TUBERCULOSIS.

While the wordy warfare wages concerning the causative properties of this bacillus, it is well for us to gather together whatsoever we may of practical value in our every-day work, concerning it.

Dr. G. A. Heron, who recently delivered a lecture on the subject, (*British Medical Journal*, April 28, 1883,) has found the bacilli in the sputa of 116 patients, all of whom presented, sooner or later, what he considered unmistakable evidences of consumption. He has not yet seen a case, with absolutely no signs of lung mischief, in which he has detected the bacillus of tubercle in the sputum. He has found them in the sputum of a patient in whom there were no signs of lung disease, but where, after a time, consumption manifested itself, which condition was verified *post mortem*. From his own experience and the authorities he quotes, it would seem reasonably fair to assume that when the bacilli tuberculosis are found in the sputum, it is a pretty strong indication that the patient is either threatened with, or actually has consumption, and when, in connection with their presence, physical signs exist, the diagnosis can be made with considerable accuracy.

When very plentiful, the prognosis is unfavorable, and vice versa.

Wherefore it would seem that whenever we have any cause to suspect tubercular troubles, as in long-delayed convalescence after pneumonia or in otherwise unaccountable prostration, and the like, it behooves us to make a microscopical examination of the sputum for bacilli; if we find them, we can enjoin the usual precautions and advice for consumption, which, to say the least, will be harmless, even though the disease does not exist.

Whether these bacilli are really the cause, *per se*, of consumption, we do not yet know; but if they afford us, as it would seem that they do, a means of detecting the disease in its incipiency, an acquaintance with them is a very valuable acquisition to our knowledge. The following is the process described by the author for detecting the bacilli:

"There is, so far as I know, no other

method but Ehrlich's now in use for staining the bacillus of tubercle. Various modifications of his process have been suggested; but, in all points of importance it remains as it was given to us by Ehrlich himself. The modifications, which are improvements of this process, aim at giving the staining mixture a uniform composition; and several different formulæ have been suggested for that purpose. The one now in use in this hospital, and I have myself used it for some months past, is Weigert's. Its composition is saturated alcoholic solution of fuchsin, or methyline violet or gentian violet, 11 parts; anilin water 100 parts.

"In warm weather good results are to be obtained when the staining process is carried out at summer temperature, and without the use of artificial heat. I should advise you, however, always to stain your specimens while they are exposed, in an incubator of some kind, to a temperature of 98° to 100° Fahr. Want of attention on my part to this important point caused me much inconvenience when the cold weather set in last autumn.

"The process I have just described to you occupies some time. It has, however, certain advantages. Not only does it ensure thoroughly good staining of the bacilli, but the specimens, while being stained, may be safely left for from half an hour to ten hours, or even longer, in the fuchsin and anilin mixture, just as the experimenter finds most convenient. There is, however, a more rapid way of staining. The same standing fluids are used. A little of the fuchsin dye is filtered into a watch glass, the specimen to be stained is placed in the fluid, and heat is applied. I have been accustomed to apply the heat by lighting a Bunsen burner, not at the top of the funnel, but at the burner itself. The heat, of course, passes up the Bunsen funnel, and so reaches the watch-glass, placed at a convenient height upon a tripod. I find that one minute's exposure to the action of the staining fluid, under these conditions, is sufficient to ensure excellent coloring of bacilli in sputum or in pus. The rest of the process is identical with that I have already described to you. Following this plan, it is easy to stain, and examine with the microscope, a specimen of sputum within ten minutes' time. Most of the specimens of the tubercle-bacillus in sputum and in pus which you see here to-day, have been prepared in this rapid way. In speaking of these staining fluids, I have called the red dye fuchsin. That is the name in use on the Continent for the coloring matter which in England we call magenta."

Since practice alone can enable one to recognize the bacillus when he sees it, and since no wordy description could convey a true likeness of it, we would advise those of our readers, not already familiar with it, to seize the first opportunity to visit some microscopist and familiarize himself with the appearance of the bacillus.

PROLONGED SUSPENDED ANIMATION.

Our journals have recently had occasion to report an unusual number of cases of suspended animation and apparent revivification. One case reported in the *Med. Times and Gaz.*, May 26, 1883, is very striking. The patient had been drinking freely, and was on the verge of delirium tremens, when he was given a hypodermic injection of four minims of Squire's solution of morphia and atropine. He soon became drowsy, and could not be roused from the profound slumber in which he was. In two hours, his wife hearing a peculiar noise in his chest, "like a clock running down," put her hand over his heart, and found it beating very hard. It then suddenly stopped. She now placed her ear to his chest, but could hear no sound. She also noticed that "his face was very black."

Dr. Robert Brannigan, who reports the case, arrived at the house two hours later, and found the patient lying on his back, arms folded across the chest, covered up to the chin with bedclothes, and his head propped by three pillows. His face was livid, jaws clenched, pupils widely dilated and giving no response to light. He could not detect any sign of respiration or pulse, and in fact the man seemed quite dead. His body was warm and livid, but the hands and feet were cold and pale.

The use of the electro-magnetic battery for fifteen minutes produced absolutely no results (artificial respiration had been previously tried and failed).

Continuing the electric stimulus a few minutes longer, the lower jaw was drawn towards the sternum, and on one of the electrodes slipping over the brachial plexus, the arm was drawn up.

After one hour of continuous labor with the battery, the heart began to beat feebly, and in fifteen minutes more the pulse was 120, and the respiration one to the minute. When the electrical stimulus was stopped, the respiration ceased. To make a long story short, the respiration slowly increased in frequency, until after six hours from the time of commencing the electricity, the patient regained consciousness.

In the same journal, Dr. William Alexander reports a very similar case, only here the dose was much larger.

These cases teach us two practical lessons:

1st. That we should be very cautious in handling such a very potent drug as opium. Its great value in relieving pain is apt to tempt us to its injudicious employment.

2d. That we should persevere for a long time in our efforts at resuscitation when life has apparently fled, from a narcotic poison; since the inherent power to respond to electrical stimulation may be present, when, by maintaining an artificial vitality until the poison is eliminated, we may save our otherwise doomed patients.

And they suggest to us two queries:

1st. Is the usual antagonism existing between morphia and atropia, converted into an intensity of action of one of them when they are taken together?

2d. Does alcoholism produce an unusual susceptibility to the toxic action of these drugs?

LEUKAEMIA AND PSEUDO-LEUKAEMIA.

Professor Senator presented to the students in his clinic in Berlin, two very interesting cases. They were twins, æt. 1½, born of healthy parents, nursed by their mother up to their 14th month, and later fed mainly on cow's milk. The children were perfectly well up to their 17th week, when they commenced to get sickly. In both a moderate degree of rachitis developed itself. Very remarkable was the extraordinary pallor of their skin in connection with their greatly hypertrophied spleens. On examination of the blood it was found, that in both the white globules were decidedly augmented; in the one child there were five, in the other two and a half times more white corpuscles than red. Whether in these cases there existed the disease of leukaemia or pseudo-leukaemia, does according to Senator by no means depend upon the relative increase in number of the white globules; as many cases are on record, where they are not increased at all, or only very little, and notwithstanding the case runs the same course as one of leukaemia. Besides, the relation of the number of globules to each other changes more and more with the progress of the case, as was noticed also in the twins; a few weeks later the ratio was already in one that of 1:50; in the other that of 1:45.

Leukaemia, which is better recognized by this peculiar tendency of the white globules of continuously increasing their relative number, is according to Senator not any rarer in children than it is in adults. Hereditary causes here had no influence, the less, as the children were all perfectly healthy and the parents too. The rachitic process could not have exerted any special influence on the peculiar composition of the blood, as it was one of very mild degree only, and as, notwithstanding the latter disease is an exceedingly common one, these are the first instances on record, that genuine leukaemia had complicated rachitis. While Senator himself admits that he at present has no theory to offer as yet, to explain the pathogenesis of leukaemia, he believes that there are other factors at work, of which we do not possess any knowledge, and which can be elucidated only by carefully reporting all cases which have any bearing whatever on the question.

HEPATIC ABSCESS.

It would seem that abscess of the liver may be considered as somewhat more common than is ordinarily supposed, and that our attention should therefore, be more frequently directed in this channel, when we have to do with vague, ill-defined and marked symptoms of hepatic derangement.

An accurate diagnosis from physical signs is by no means an easy task, but happily we have in the exploring needle a crucial test, when we otherwise have good reason to apprehend purulent accumulation. Dr. Joseph Fayrer recently read a valuable paper on the subject of "Abscess of the Liver" before the Medical Society of London.

He traces a causative relation in many cases between dysentery and hepatic abscess, the absorption of pus or septic matter from the ulcerated bowel acting as the cause, and he advocates exploration to ascertain the presence of pus, early evacuation whenever it can be got at, and early and free opening; drainage, and antiseptic dressing whenever practicable.

In the discussion which followed the reading of the paper, Surgeon-General Hunter drew the following pen picture of the disease:

"The man has had malaria, or lived intemperately, or both. He gets out of condition, loses flesh, has 'hepatic' dyspepsia; then a localized swelling over the liver is noticed, and, if contracted, it will burst in one or other direction."

He also advises the exploratory puncture, and recommends free opening with antiseptic drainage.

THERAPEUTIC VALUE OF NITRO-GLYCERINE.

At a recent séance of the Societé de Therapeutique, this subject came under discussion. M. Huchard had experimented with a one per cent. alcoholic solution, in the dose of from one to six drops. After from four to six minutes there supervened cephalalgia, vertigo, a sensation of fullness in the head, ringing in the ears, and amblyopia. At the same time there was marked congestion of the face, acceleration of the cardiac movements, with dicrotism of the pulse, which became stronger and more rapid.

In a word, nitro-glycerine induces cardio-vascular excitation, with cerebral hyperemia and fall in peripheric tension. It may then be considered as analagous in its action to nitrite of amyl, and may be used in aortic disease and in cases where cerebral anemia is present, through troubles of circulation.

M. Huchard has employed it in a case of aortic insufficiency, where vertigo was complained of, accompanied by angina pectoris. In this case much benefit was experienced, as also in two other cases of angina pectoris; in another case it gave no decisive result. M. Huchard and other French observers do not seem to have obtained the beneficial results claimed for the drug by English physicians in affections of the respiratory organs.

M. Huchard uses the following solution:

℞. Sol. nitro-glycerine (1%), 30 drops.
Aquæ destill., 300 grams.
M. Dose. A dessert-spoonful three times daily.

In the discussion which followed M. Huchard's communication, the general opinion of the Society seemed to be against the medicament, as one of great and dangerous powers, whose therapeutic effects were not as yet sufficiently investigated.

CHLOROFORM NARCOSIS DURING SLEEP.

The question whether or not a sleeping person can be anæsthetized without being first awakened, has, in view of the reported cases of the use of chloroform by villains for various nefarious purposes, assumed some practical importance.

The question has been recently discussed in the *New York Medical Record*, and quite a number of cases have been reported by the upholders of both sides of the question.

From an impartial review of the evidence adduced, the following conclusion would seem to be justified:

A sleeping person can be anæsthetized without being awakened, if the agent holding the chloroform be first kept at a considerable distance from the individual and gradually brought nearer, so that the irritating influence of the chloroform on the respiratory passages may be avoided until its obtunding effect has been procured.

NOTES AND COMMENTS.

The Treatment of Granular Lids.

After relating some cases treated with *jequirity*, Dr. W. A. Brailey says, in the *British Medical Journal*, May 19, 1883:

The result of these and other cases shows that, in jequirity, we have a drug of decided value. Though it does not, in ordinary cases, immediately destroy all the granulations, it diminishes very considerably the pain and photophobia, and has a decided influence in clearing the cornea. Nor does it appear to affect this tissue injuriously, in which respect we must admit it to be decidedly superior to inoculation from cases of ophthalmia neonatorum. At first, I had considerable hesitation about introducing cases of inoculation with jequirity into the general eye ward; but I have not found that it makes any difference to the progress of other cases, whether operative or not. Though precautions against contagion have naturally been taken, we have not succeeded in inoculating into the sound eye the ophthalmia produced by this agent.

The seeds, which are extremely hard and tough, are first broken and freed from their shell. They are infused for two hours in cold water, in the proportion of 1 to 50; by this time they are so softened as to be easily pounded up, after which they are soaked in the same water for twenty-two hours more. The solution now requires only careful filtration to be ready for use. It is applied to the everted lids, or, when this is impossible, between the lids, thrice daily, till a severe conjunctivitis, of a purulent or diphtheritic type, is produced.

Congenital Sarcoma of Abdomen.

To the Glasgow Pathological Society (*British Medical Journal*, March 3, 1883).

Mr. H. E. Clark showed the specimen. The child from whom it was removed was, at the time of death, about a year old. The tumor had first been noticed immediately after birth, as a slight swelling in the neighborhood of the femoral ring, and resembled a hernia, but was irreducible. When the child was between two and three months old, a swelling appeared in the inguinal canal, and passed gradually down towards the testicle; it had, at the canal, a diameter of about half an inch, and for some time it did not involve the testicle; its appearance caused the recession of the tumor in the femoral region, which completely disappeared. The growth was not very rapid. About two months before the child died, the abdomen began to enlarge, tortuous veins appeared in the abdominal wall, and rapidly extended upwards to the umbilicus, ultimately reaching the chin. The child began to lose flesh, and to suffer from gripes and diarrhœa, and when twelve months old it died. The *post mortem* examination was made by Dr. Lindsay, of Lesmahagow, under whose care the child had been. He found the tumor occupying the greater portion of the abdominal cavity, and involving the whole of the spleen; it also passed down into the scrotum, and involved the testicle. It was free in the abdomen, but at the back was attached by means of numerous vessels to the mesentery, and above was adherent to the transverse colon, and below was firmly adherent to the bladder. All the organs, except the spleen and testicle, appeared to be healthy, but there were evidences of slight peritonitis. The whole tumor was composed of small round cells, with a very small amount of homogeneous matter, the cells entirely agreeing with those distinguishing the round-celled sarcoma.

Foreign Body in the Urethra.

"On examination, a foreign body could be felt lying along the under side of the penis, from its lower half towards the perinæum; and about the middle of the penis a sharp point was discovered. A small incision was made through the skin over it, and the point of a large black pin was then forced through, seized by a pair of forceps, and drawn out; it was between three and four inches in length. The head of the pin was then found intact in the urethra; the point of the pin was therefore depressed, and the head pushed up through the urethra and drawn out through its orifice. A catheter was passed, and left in the bladder for twenty-four hours, and the wound dressed with carbolic oil. Blood was passed in the urine several times afterwards. No urine escaped by the wound, and at the end of the week the man was sent out, cured."

Dr. Wm. Curtis reports this case in the *Brit. Med. Jour.*, May 19, 1883. The pin was introduced when the man was drunk. We may be called on suddenly to such a case, and it will be well to bear this case in mind.

Tinea Versicolor.

Tinea versicolor or *Liver Spots* is an exceedingly common affection, and one that causes much annoyance, since the patient frets at having this blemish on his skin. To cure it, Dr. George H. Rohé (*Med. Record*, June 2, 1883,) recommends a lotion of hyposulphite of sodium, half a drachm to the ounce of water. The patient is directed to take a bath once a day, using soap freely. After the bath the affected spots are to be mopped with the parasiticide lotion. In a week the discoloration has usually disappeared. The remedy should be continued a week or two longer to prevent relapse. Dr. Rohé says it is surprising to what an extent cases of tinea versicolor are treated for syphilis, hepatic derangement, or similar supposed affections of the internal organs. Patients are sometimes compelled to take mercury or potassium iodide for months, under the supposition that they suffered from syphilis, when the only trouble was that just described, which, when properly treated, yielded to local remedies alone in the brief space of two weeks.

Cerebral Atrophy Consecutive to Amputation.

At a recent séance of the Academie, M. Bourdon reported a case, confirming his anterior researches relative to the occurrence of cerebral atrophy long after amputation. He examined the

brain of a soldier who had undergone amputation of the left arm some forty years previously.

He found considerable atrophy of the entire right hemisphere, affecting principally the white substance of the organ. This atrophy was most marked at the superior part of the motor zone of the outer layers of the brain, and had gradually become extended toward the centre, producing paralysis of the lower limb, corresponding to the amputated arm. What would seem to be proven by this case and the six others reported by M. Bourbon is that the cerebral atrophy, at first due to the loss of functional activity in the amputated limb, becomes gradually extended to other parts of the brain.

Anti-quinine Treatment of Intermittent Fever.

At a recent meeting of the Medico-Chirurgical Society of Montreal (*Med. News*, June 2, 1883), Dr. Beardsley gave the results of fifty years' experience in treating intermittent fever without quinine. Briefly, it is as follows:

First, brisk alterative purgatives, aloes, blue-mass, and capsicum in equal parts, made into pill-form, or calomel in place of the blue-mass. An alterative purgative was to be taken at the outset, and repeated as the nature of the case demands. This was to be followed by an aromatic bitter, and perhaps an alkali with it, or in combination with boneset tea, drunk very freely, was an element in the cure not to be overlooked. He stated that this method had been very satisfactory in his and others' hands, and was often successful where quinine had utterly failed, and that, too, where it had been pushed; indeed, as far as twenty-grain doses three times a day, or even oftener.

The Cost of Vegetarian Diet.

The great temperance enthusiast, Dr. Norman Kerr, recently furnished a vegetarian dinner to one hundred persons. The repast consisted of three courses, accompanied by a plentiful supply of brown bread and a cup of excellent cocoa for each guest. A "hotch-potch" soup was first served. The ingredients in this were potatoes, turnips, carrots, leeks, celery, green peas, parsley, and butter. It was palatable, and it is claimed for it that it is nutritious. The next dish was a savory pie made up of haricot beans, flour, onions, and butter; and then followed the sweets, in the shape of a pleasant hot mess of rhubarb, rice, and sugar. The cost of the entire meal was less than $6.25, being at the rate of six cents each person.

Morbillic Rash in Typhoid Fever.

We have already reported two cases in which a scarlatiniform eruption occurred in the course of typhoid fever, and now Dr. Walter C. Beevor reports another similar case to the *Brit. Med. Jour.*, May 19, 1883. The patient was nursing two typhoid cases, when she was taken with fever, headache, pain in back, and thirst. On the third day a rash exactly resembling measles appeared. On the fourth day typhoid fever was pronounced. These cases may be explained on the supposition of the co-existence of two zymotic poisons in the blood at the same time, since we do not know that these poisons possess any special antagonisms, the one for the other.

Syphilis and Rickets.

M. Cazin does not accept M. Parrot's view that rickets is an effect of congenital syphilis. He has collected a number of cases of each disease without the other.

Another fact confirmed him in this opinion, and that was, the treatment which, when consisting of mercury and iodide of potassium as forming the anti-syphilitic treatment, had not only no effect on rickets, but was positively injurious. If rickets were the result of a diathesis, it would be that of struma, and certainly not syphilis. M. Despres sided with M. Cazin, and said that whereas rickets can be cured by cod-liver oil and phosphate of lime when not too advanced, congenital syphilis is nearly always fatal, no matter what the treatment.

The Causation of Typhoid Fever.

The *Brit. Med. Jour.*, May 19, 1883, contains an address on "Typhoid Fever in Paris during the years 1875–1882," which concludes as follows:

"To sum up: these detailed conclusions support the considerations which I have laid before you; they impress on us the necessity of new researches, before assigning to typhoid fever a simple, regular, and constant etiology. In the meantime, we must not lose sight of the fact that typhoid fever is an essentially human disease, in the sense that it derives from the internal and external conditions of man the principal elements of its existence."

Loose Bodies in the Knee Joints.

These bodies, familiar to all surgeons, are believed by Dr. Oliver Pemberton (*Lancet*, May 19, 1883,) to be due to a chipping or breaking off of the joint surface, and that as time goes on the

loose body thus produced is found to present appearances according to its age and, as it were, to the extent of the wear and tear in movement it has undergone: at one time being cartilaginous or fibrous, or osseous or mixed, as the case may be, the ultimate shaping and structure of the body being doubtless greatly influenced by the predominance of the rheumatic habit.

He removes them by incision.

Suppositories in Chronic Cystitis.

Against the attacks of pain, which supervene in chronic cystitis, the use of anodyne suppositories frequently gives greater relief than any form of internal treatment. The following prescriptions of Mallez and Mayet will prove useful:

℞. Morph. hydrochlorat., 1 to 2 centigrams.
Stramonii pulv., 2 centigrams.
Ol. Theobromæ, q. s. M.
For one suppository.

℞. Hydrat. chloral, 3 grammes.
Ol. theobrom., q. s. M.
For one suppository.

Combating Fever in Young Children.

It is often difficult, and in fact not without danger, to administer any efficient febrifuge to young children. In such cases the administration of sulphate of quinine by inunction offers many advantages.

The absorption of the salt is rendered possible by the extremely thin epidermis in very young children. The following unguent will be found efficient:

℞. Quiniæ bisulph., gr. xxx.
Camphoræ, gr. xv.
Unguent. simpl., ℥vj.
M.

A small quantity may be rubbed in over the groin or in the axilla.

Premature Alopecia.

In the *Berlin Klin. Woch.*, Dr. Lassar advises washing the scalp every day for fifteen minutes with soft glycerine or tar soap, or soap containing iodide of sodium. Follow this with the warm douche, gradually cooled, and then use water containing two parts per thousand of corrosive sublimate. After drying the hair, rub in a one-half per cent. spirituous solution of naphthalin. This treatment must be persevered in for two months or more.

The Value of Re-vaccination.

Two women were vaccinated after a case of small-pox had developed in a house in Glasgow. After some days one of them sickened, and an abortive eruption of small-pox appeared. These facts show that the virus of small-pox had been imbibed, but as it lay twelve days dormant, while the vaccine virus became constitutional on the eighth day, the vaccine had four days' start, so to speak, and the woman escaped from what would have been a very severe attack, with a few blighted papules.

Hydrargyrum Formidatum.

In a former issue we referred to this drug as the new Russian treatment for syphilis. We now learn from *Petersburg Med. Woch.*, that it has been tried at the Rochus Hospital, Buda-Pesth, and has by no means answered the expectations held out. First of all, it is excessively painful in its employment, and few patients can be induced to go on with it, and great local irritation is produced by the injection. Moreover, in no respect does it possess any advantage as an anti-syphilitic over other means already in use.

Rupture of Sciatic Nerve Mistaken for Fracture of the Neck of the Femur.

In the *Berlin Klin Woch.*, Dr. Küster relates a case of this nature in which the mistaken diagnosis had been guardedly made by two physicians. Absence of crepitus and pain upon passive movement caused Dr. K. to diagnose rupture of the sciatic nerve (the symptoms were intense pain on pressure, most severe in the neighborhood of the hip-joint, outward rotation of limb, and apparent shortening, coming on after a fall), which was confirmed by the subsequent conduct of the case.

Spontaneous Formation of Gas in Bladder.

It would seem that sometimes, in patients suffering from diabetes, a species of vinous fermentation takes place in the saccharine urine, causing the liberation of gas. So, at least, does Dr. F. Guiard (*La France Médicale*, February 10–13, 1883,) endeavor to account for the peculiar phenomenon he has now observed in several such cases, viz., the discharge per urethram of gas, sometimes with an audible report. He proposes to call this condition *diabetic pneumaturia*.

A Rapidly Successful Treatment of Erysipelas.

In the *Lancet*, April 21, 1883, Dr. N. O'D. Parks relates a case rapidly cured by the application of a thick coat of white lead paint, enveloping the limb in cotton-wool, and giving one drachm of the tincture of perchloride of iron daily, in divided doses. The patient was six years old.

Three Prescriptions for Habitual Constipation.

The following are recommended by Dr. J. Mortimer Granville in the *British Medical Journal*, May 26, 1883:

When there is a lax and torpid condition of the muscular coat of the alimentary canal, evidenced by flatulence, etc., he uses the following:

℞.	Sodæ valerianatis,	gr. xxxvj.
	Tincturæ nucis vomicæ,	℥lx.
	Tincturæ capsici,	℥xlviij.
	Syrupi aurantii,	℥iss.
	Aquâ ad.,	℥vj.

Misce, fiat mistura, cujus sumatur cochleare magnum ex aquâ ter die semihorâ ante cibum.

When there is a deficiency of glandular secretions, generally, throughout the intestine, manifested by a peculiarly dry and earthy character of the dejecta when the bowels *do* act, he gives:

℞.	Aluminis,	℥iij.
	Tincturæ quassiæ,	℥j.
	Infusi quassiæ,	℥vij.

Misce, fiat mistura, cujus sumantur cochlearia duo magna ter quotidie, post cibum.

The third form, which depends chiefly on interruption of the natural habit of periodic discharge, often results from repeated failure to move the bowels, in consequence of one or other of the two preceding forms of this trouble. This may generally be relieved by directing a perfectly regular attempt to go to stool, and by the use of the following draught, taken the first thing after *rising* from bed—not on awaking—in the morning, as nearly as possible at the same hour. It will be observed that it is not an aperient in the ordinary sense of the term. It is, as a rule, neither necessary nor desirable to continue it for longer than a fortnight. In most instances, it will be found to re-establish the normal habit in a week or less.

℞.	Ammoniæ carbonatis,	℥j.
	Tincturæ valerianæ,	℥j.
	Aquæ camphoræ,	℥v.

Misce, fiat mistura, capiat partem sextam in modo dicto.

Nephrectomy.

Dr. J. Knowsley Thornton reports three successful cases in the *Lancet*, May 26, 1883. He concludes his report by saying:

"The three cases taken together seem to me to demonstrate the advantage of the lateral over the median incision. The perfect suitability of the abdominal operation to all cases in which nephrectomy and not mere nephrotomy is the end aimed at; the capability of the peritoneum to dispose of large quantities of effused fluid under aseptic conditions, without the aid of the drainage tube, and without serious constitutional disturbance arising from the absorption of the effused fluids, even after the removal of such an important eliminator as the kidney. The great differences in the ages of the patients, seven, twenty-six, and fifty-eight, and the varying diseases for which the operations were performed, make the records of especial value. The operation of Langenbeck with the extra-peritoneal treatment of the bladder end of the ureter, seems so surgically perfect, that I can not conceive any case presenting itself in which I should care in the future to face the difficulties and uncertainties of the loin incision. Indeed, I should be inclined to recommend an exploratory incision by the lateral abdominal section, with careful Listerian precautions, in any case in which it was of importance to thoroughly examine the kidney and ureter."

Subinvolution of the Uterus.

A very valuable lecture on this subject by Dr. Clinton Cushing, of San Francisco, is to be found in the *Med. News*, June 2, 1883. He considers premature assumption of domestic duties after parturition as one of the most frequent causes of this unfortunate condition, and he formulates the following sonnd advice to physicians:

"If it is possible to do so, I know of no better investment of time and money than for a woman who is raising a family to devote at least a month following her delivery to rest and quiet, and as free from excitement of any kind as may be. Unless she is confined to her bed by poor health, it is the only opportunity a mother of a family has to remain quiet long enough to get really rested; and I would advise you to inculcate, in the most thorough manner, the minds of your puerperal patients with the idea that a full month must be given up to rest and recuperation after delivery, and that a portion of each day after getting out of bed must be spent upon a lounge or couch for several weeks. Of so much consequence do I consider this advice, that I would again urge you to use all your eloquence to show your patients the advantages to be derived from a month's bodily and mental rest following confinement.

Solution of Vesical and Renal Calculi.

Beforethe Harveian Society of London (*Lancet*, May 26, 1883), Dr. Broadbent read notes of two cases illustrating the solution of vesical and renal calculi—one renal, the other vesical—which had yielded to treatment by large doses of alkaline salts. The first case was that of a man, aged fifty-five, who after an attack of renal colic de-

veloped characteristic symptoms of vesical calculus. He was ordered a mixture of an ounce of citrate of potash and half an ounce of acetate of potash, one drachm of these salts mixed to be taken three times a day, with a dessert-spoonful of succus taraxaci, in a quart bottle of salutaris water, the latter being selected as the vehicle, as it was stated to be simply distilled water aerated with carbonic acid. After persevering with this plan of treatment for a month, with no interruption to his business pursuits, the patient passed a small calculus, which, though of course it was impossible to say how far it had been reduced in size, bore marks of erosion from the solvent action of the urine; immediate relief was afforded the patient from his symptoms, and he had remained perfectly well since.

Scarlatina Evolved From Diphtheria.

The interconvertibility of zymotic diseases has not received the attention which it deserves. No less an authority than Dr. W. B. Carpenter believes in it (see vol. 47, p. 546), and now Dr. John Meredith furnishes additional proof in the *Lancet*, May 26, 1883. He relates a case of diphtheria, the *Simon Pure* disease, occurring in one member of a family; after a while a second one, who was exposed to the contagion, contracted a scarlatiniform disease, and subsequently a third person, who came much into contact with the second, developed a typical case of scarlatina. Whether all zymotic diseases are due to an identical poison, their differing manifestations being due to the peculiarities of the soil upon which they drop, we do not know; but we do know that the evolution of zymotic diseases is a field full of interest for the acute and intelligent observer.

Belladonna, a Prophylactic Against Scarlet Fever.

Dr. Owen Pritchard thinks he has discovered a prophylactic. As soon as one member of a family was taken with the disease, all the children in the house between the ages of six months and fourteen years were at once ordered to take the tincture of belladonna, in doses of from one to three minims, according to age, three times daily. It was thus given to twenty-eight families numbering seventy-four children, of which only four, or a percentage of 5.4, took the fever; while among those similarly exposed, and to whom belladonna had not been given, the percentage of sufferers was 36.2. It is only fair to state that the ordinary antiseptic precautions, with isolation, etc., were followed indifferently in all cases. This observation is made in the *Lancet*, April 14, 1881.

Specimens of Renal Carcinoma.

Before the Midland Medical Society (*British Medical Journal*, March 24, 1883).

Dr. Windle showed a large deposit of carcinoma in a left kidney, secondary to scirrhous mammæ of two and and a half years' duration, the patient being a female, aged 62. This was the only secondary deposit existing. After removal of the breast, very little urine was passed, and none at all the day preceding death. The fatal termination occurred six days after the operation.

The Swallowing of a Silver Half-dollar.

A peculiar case is that described by Dr. C. E. Webster in the *Boston M. and S. Jour.*, May 31, 1883. The coin lodged transversely in a vertical plane, so that a sound could pass it without obstruction, thus giving rise to the opinion that it had passed on into the stomach. The patient died from hæmatemesis, the result of two small ulcerations and consequent perforations into the aorta at the site of lodgment of the coin.

Aneurism of Anterior Communicating Artery.

In presenting a case to the Medico-Chirurgical Society of Montreal (*Medical News*, March 3, 1883), Dr. Osler called attention to the fact of the frequency of aneurism of the cerebral vessels, and to the fact that many cases of apoplexy in young persons were caused by them. This was the eighth instance which had come under his observation in the past few years.

Subcutaneous Injection of Quinine.

The following solution when injected hypodermically has frequently proven of service in obstinate cases of neuralgia; it should be injected close to the painful point:

℞.	Quiniæ bromhydrat,	1 gram.
	Æther. sulphuric,	8 grams.
	Sp. vini rect.	2 grams.

M.

Each cubic centimeter of this solution contains ten centigrams of the quinine salt.

Axillary Aneurism.

Dr. Little reports a case in the *Lancet*, May 19, 1883. The subclavian was reached by an infraclavicular incision and ligated in its third stage. A perfect cure resulted.

A New Styptic.

Dr. Hill, of Goldsboro, told the Medical Society of the State of North Carolina, at its last meeting, that he had used ambrosia trifida, or rag-weed, in

epistaxis, pulmonary and uterine hemorrhage, hemorrhage from the bowels, hemorrhagic diathesis, etc., and found it of great value.

Nitrite of Amyl in Uræmic Asthma.

Dr. Thomas Sanctuary adds his testimony to its efficacy. His case is reported in the *Brit. Med. Jour.*, May 19, 1883. Like the other cases reported, relief was experienced from it, but finally, the patient was seized with a paroxysm, and died before the amyl could be used.

Abdominal Sanguineous Cysts.

Dr. J. S. Bristowe describes two cases in the *Lancet*, May 5, 1883, of abdominal cysts (in the male) containing a sanguinolent fluid. Tappings gave temporary relief, but the sacs filled again and again, and both patients finally died. The author cannot offer any explanations.

Permanganate of Potash vs. Carbolic Acid.

Dr. C. Roberts believes that a solution of the permanganate forms the most delicate test of the asepticity of sponges, as it leaves a brown mark on any collection of organic matter, so that in the *Brit. Med. Jour.*, May 5, 1883, he recommends this as a test of their purity, after washing in carbolic acid.

An Obstetrical Phenomenon.

In the *Lancet*, May 26, 1883, Dr. G. Yeates Hunter reports the case of a Hindoo woman in which placenta prævia, with shoulder presentation, occurred twice in the course of nine months. On each occasion version was performed, a dead child delivered, and a rapid recovery followed.

Correspondence.

Eclampsia.

Eds. Med. and Surg. Reporter:—

Dr. E. Michener seems not to agree with my axioms.

1st. Bleeding must be done for effect, always very freely. I agree with him, for I am an old fogy on the subject of bleeding—believe in it in pneumonia, apoplexy, and all evident congestions of the great organs.

2d. Immediate and unconditional *forced* delivery. Premising that the operator *knows* enough about anatomy, turning, use of the hand and instruments, to make it safe: if not—not. All physicians of experience have seen cases ending with success where (with all knowledge of the curve of the pelvis) the full power of not one, but two, was required to succeed. The doctor need not *shudder*. I think it is still the rule. Within a week I delivered a woman, Irish, primipara, 40 years old, with forceps, using all my power of traction, and a fat nurse into the bargain. No rupture of the perineum, œdema or malaise, except two or three days' retention of urine, and didn't wait twenty-four hours for *nature* to use up the patient.

3d. If the doctor has not seen a return of consciousness between convulsions, I think many have where *chloroform was not used*. I protest against the doctrine that the use of veratrum will be safe without bleeding in eclampsia, as a doctrine dangerous to life and false from teachings of the past. Phlebotomy, too, is safer, even in exceptional cases, than anodynes or anæsthetics. This terrible prejudice against opening a vein is merely the result of the insane cry of quackery, or the semi-medical education of our schools.

H. Lee Burritt, M. D.

Bridgeport, Conn., June 12, 1883.

Urinary Examination.

Eds. Med. and Surg. Reporter:—

Having been constantly engaged in the examination of urine during the past four years, it has occurred to me that many physicians must find it inconvenient to make *thorough chemical and microscopical urinary examinations*, in consequence of the great amount of time required. I beg to announce, therefore, that I am prepared to make such examinations in the most careful manner, and to furnish promptly a written report of the results. A moderate fee will be charged. The examinations will be made at the University Hospital, and specimens may be sent directed to me at that place, or to 1811 Spruce street.

Judson Daland, M. D.,
Assistant Curator to the University Hospital.
Philadelphia, June 15, 1883.

News and Miscellany.

Massachusetts State Medical Society.

At the one hundred and second annual meeting of this Society, held in Boston, June 12 and 13, the following papers were read:

"A Contribution to the Study of the Tubercle Bacillus," Dr. H. C. Ernst, of Jamaica Plain.

"The Use and Abuse of Ergot," Dr. G. L. Woods, of Springfield.

"The Use and Abuse of Ergot," Dr. W. A. Dunn, of Boston.

"Glykogen," Dr. J. W. Warren, of Boston.

"Phlyctenular Disease of the Eye," Dr. O. F. Wadsworth, of Boston.

"Minor Injuries of the Spinal Cord," Dr. B. Hartwell, of Ayer.

"Plumbing Appliances," Prof. T. M. Clark, Institute of Technology, Boston.

"Recent Changes in the Methods of Medical Instructions," Dr. E. N. Whittier, of Boston.

"Neurasthenia, Its Causes and Its Home Treatment," Dr. J. S. Greene, of Dorchester.

"The Artificial Feeding of Infants," Dr. J. W. Spooner, of Hingham.

"The Early Symptoms of General Paralysis of the Insane," Dr. W. B. Goldsmith, of Danvers.

"The Annual Discourse," Dr. Amos H. Johnson, of Salem.

OFFICERS FOR THE ENSUING YEAR.

President—Alfred Hosmer, M. D., of Watertown.

Vice President—Ira Russell, M. D., of Winchendon.

Treasurer—Frank W. Draper, M. D., of Boston.

Corresponding Secretary—C. W. Swann, M. D., of Boston.

Recording Secretary—F. W. Goss, M. D., of Roxbury.

Librarian—David H. Hayden, M. D., of Boston.

Orator for Anniversary in 1884—John Crowell, M. D., of Haverhill.

The Depopulation of France.

This question is commencing to alarm the authorities. At a recent meeting of the Chamber, a deputy gave the following as the reasons:

1. Because the people have a dislike to emigrate, the Government having done nothing to encourage it.

2. Because the people are not kept enough in the country, and that the taxes are too high.

3. Because the Government does not restrain enough prostitution, and does not encourage marriage amongst the poor.

4. Because the consumption of tobacco and absinthe are attaining enormous proportions, so that the race is becoming weakened and stunted in intelligence and physique.

One of the most distinguished French economists, Beaulieu, said recently: "If the morals do not change in France, in fifteen or twenty years the population will have an excess of deaths over births."

A bill was introduced which contained two clauses calculated to check this depopulation. The first provides for a decrease in the taxes for every family which has more than four children; while the other proposes a bounty for every child above four where the parents paid no taxes.

An Anomaly in Hearing.

Dr. James C. L. Carson relates this unusual case in the *Brit. Med. Jour.*, May 26, 1883:

Mr. W. Harshaw, of Coleraine, consulted me about his ears. He was so thoroughly deaf that he could not hear a word that was said to him. He could not even hear the noise from the firing of a cannon. On examination, I could find nothing wrong with his ears; but in the course of the investigation, I made a most extraordinary discovery. Although he could not hear any sound which came through the air, he could hear the sound from a mouse running on the floor. I asked him to go to Edinburgh to show himself to Sir Charles Bell, Dr. Abercrombie, and Dr. Alison. He did so, and they kept him under daily examination and observation for ten days. They wrote to thank me for having given them an opportunity of seeing such a remarkable case, but they could not in any way account for it, and they thought there was no similar case in the records of the world. I wrote to suggest that it went to prove that the nerve of hearing, in place of being a single organ, was double; and that one portion was for hearing through the air, and the other for hearing through the body by a sort of touch.

Medical Society of the State of Delaware.

This Society met in Wilmington June 12. Drs. Howard Ogle and Willard Springer, Wilmington, acted as president and secretary pro tem. Members of the Pennsylvania State Medical Society, J. J. McFerran, L. K. Baldwin, and M. O'Hara, who were present, were invited to participate in the deliberation of the meeting. The Committee on Application for Membership reported in favor of admitting the following persons as members of the society: H. B. Mitchell, J. P. Burwell, Charles Green, Thomas H. Keables, J. D. W. Temple, W. N. Wood, H. T. Persing, John Palmer, Jr., A. Lawber, James Stevens, Michael J. Hughes, Samuel W. Murphy, H. Collins, J. W. Short, and Francis W. Gum, and they were elected.

OFFICERS FOR THE ENSUING YEAR.

President—Robert M. Hargadine, M. D., of Felton.

Vice-President—Willard Springer, M. D., of Wilmington.

Secretary—George W. Marshall, M. D., of Milford.

Treasurer—J. W. Sharp, M. D., of Camden.

New Jersey State Medical Society.

The one hundred and seventeenth annual session of the Medical Society of New Jersey, the oldest association of the kind in the United States, was held at Atlantic City, June 12th and 13th. The following officers were elected for the ensuing year:

President—Stephen Wickes, M. D., of Orange.

Vice-Presidents—P. C. Barker, M. D., of Morristown; Joseph Parrish, M. D., of Burlington; Charles J. Kipp, M. D., of Newark.

Corresponding Secretary—William Elmer, Jr., M. D., of Trenton.

Recording Secretary—William Pierson, M. D., of Orange.

Treasurer—W. W. L. Phillips, M. D., of Trenton.

Standing Committee—Drs. T. J. Smith, of Bridgeton; Samuel S. Clark, of Belvidere; E. J. Marsh, of Paterson.

The next meeting will be held at Cape May, on the second Tuesday in June, 1884.

Sanitary Conventions in Baltimore.

At a recent meeting of the Maryland State Board of Health, on motion of Dr. Chancellor, it was decided that hereafter sanitary conventions or meetings be held at least once a year, under the auspices of the Board, in different parts of the State, with a view to promote a general interest in sanitary science; that the first meeting be held in Baltimore on the fourth Tuesday in October, 1883, and that a committee, consisting of the President and two members of the State Roard, the President of the City Board, the President and Secretary of the Medical and Chirurgical Faculty of Maryland, and five citizens be

appointed to consider the best means of holding the convention, that prominent sanitarians throughout the country be invited to take part in the convention, and that manufacturers and dealers in sanitary appliances be invited to forward their goods for exhibition at the meeting.

Medical Registration.

A remarkable instance of the utility of legal enactments making the registration of physicians compulsory, has recently occurred in Wheeling, W. Va. A quack went to that city and started out with a most glaring and ingenious scheme of advertising, among which was the publicaiion of an obscene journal called "Health and Home." The Board of Health were soon after him, and as he could not produce a satisfactory diploma or certificate, they refused to register him. After delaying the Board by various pretexts, he finally hastily packed up and decamped, just in time to avoid arrest.

Publication of the Formulæ of Proprietary Medicines.

At the last meeting of the Connecticut Medical Society, upon motion of Dr. Chamberlain, it was voted that the Secretary memoralize the Legislature on behalf of this Society, for the passage of a law requiring that no patent or proprietary remedy shall be sold in this State, unless the formula of its construction be plainly printed on the label; that there shall be a heavy fine for evasion of this law, and if analysis shows any considerable difference from the alleged formula.

Death from a Fall on a Needle.

La Presse Médicale reports a curious accident, resulting in the death of a little girl, three years of age. The child had picked up a needle, and was running with it to her mother, when she fell upon the needle, which penetrated the fourth intercostal space, the eye of the needle alone remaining outside the wound. The mother withdrew it by means of her teeth, but the child died before medical aid could be obtained, probably from internal hæmorrhage, which, gradually pressing upon the lung, brought about extreme dyspnœa.

California State Medical Society.

OFFICERS FOR THE ENSUING YEAR:

President—Ira E. Oatman, M. D., of Sacramento.
Vice-Presidents—Drs. W. S. Thorne, of San José; R. K. Reid, of Stockton; W. F. McNutt, of San Francisoo; R. H. Plummer, of San Francisco.
Treasurer—Dr. F. W. Hatch, of Sacramento.
Permanent Secretary—Dr. Wallace A. Briggs, of Sacramento.
Board of Censors—Drs. Geo. W. Davis, C. A. Kirkpatrick, C. Cushing, A. G. Anthony, G. G. Tyrrell.

Medical Society of North Carolina.

The following are the officers for the ensuing year:

President—Dr. A. B. Pearce, of Weldon.
First Vice-President—Dr. F. W. Potter.
Second Vice-President—Dr. Geo. W. Graham.
Third Vice-President—Dr. R. Dillard.
Fourth Vice-President—Dr. Geo. W. Long.
Treasurer—Dr. A. G. Carr, of Durham.
Secretary—Dr. L. J. Picot, of Littleton.

The Suez Canal a Sanitary Nuisance.

The Suez Canal is in a fair way of becoming an open and stagnant sewer. The stations on its banks are drained into its waters. It is never flushed, there is no tide, and the stench is becoming intolerable. Diarrhœa and sickness prevail in vessels detained in the canal, and as detentions are increasing in number and duration, the matter is becoming serious.

Sanitary Progress in New Zealand.

The medical officer of health for Christchurch District points, in his annual report for 1882, to a rapidly diminishing mortality. In 1875 it amounted to 30.4 per 1000; in 1879 20.1, and in 1882 only 13.7. This great lowering can be directly traced to sanitary improvements.

Officers of the New York Neurological Society for 1883.

Dr. Wm. J. Morton, President: Dr. L. Weber, First Vice-President; Dr. Farrington, Second Vice-President; Dr. M. J. Roberts, Secretary; Dr. M. Putnam-Jacobi, corresponding Secretary; Dr. E. C. Harwood, Treasurer.

The Royal Red Cross.

Such is the title of a new order for women, who have done good service in civil or military hospitals, while nursing the sick and injured, that has been instituted by the Queen of Great Britain.

Personals.

—Lüer, the famous instrument-maker of Paris, has recently died.

—Dr. Julius Althaus, of London, has been elected a Corresponding Fellow of the New York Academy of Medicine.

—Prof. Ellerslie Wallace has resigned the Chair of Obstetrics and Diseases of Women and Children in the Jefferson Medical College, on account of ill-health.

—According to a London city missionary in Westminster, the Duke of Westminster has closed no fewer than twenty-four public houses on his Grosvenor Square estate within the last five years. He had closed thirteen others previously. Of the twenty-four still remaining several are already doomed, as the Duke will not renew the leases for their continuation as public houses.

Items.

—Salicin in half-drachm doses every two hours is said to relieve acute coryza.

—M. Vulpian, as the result of numerous experiments with tuberculous virus, recommends sulphurous acid as the most powerful destroyer of its specific properties.

—The summer resorts of North Georgia will be re-opened this year with increased accommodations. Many Southerners who formerly visited Northern resorts will go there.

—The manufacture of patent medicine in the United States involves a capital of ten and a half millions, and produces mixtures valued at fourteen and a half millions annually.

—The Municipal Council of Paris has voted a sum of 3,000f. for the year to organize a pharmaceutical night-service for Paris on a basis similar to the present night-service of physicians and midwives.

—A Lexington, Ky., doctor hangs out the following sign: "Dr. Tooles, scientific carver of toes and limbs; specialist and expert in removing rheumatism; corns and cramps extracted according to nature."

—Prof. Huxley says that the presence of a rat in the house always indicates a connection with a sewer. This will surprise many persons who don't live within ten miles of a sewer, and are troubled with rats.

—Dr. I. H. Morton reports, in the *British Medical Journal*, May 12, 1883, a case of hydrocele radically cured by the injection of two drachms of the spirituous extract of ergot. Very little pain and but slight inflammatory action followed.

—"You may say what you please," remarked the old doctor; "physicians are not all humbugs. There are some honest men among them." "Unfortunately, yes," replied Fogg; "of course you refer to their patients, doctor."—*Boston Transcript.*

—Mrs. Carter, of Bellair, Ohio, says in her application for divorce that her husband compelled her to swallow spools, buttons, long strings of wrapping-yarn, and marbles, as punishment for smiling at other railroad men as they passed the house.

—For a long time official circles in London have been agitated over the question whether or not a woman should be appointed to be superintendent of the female employes in the post-office. It has at last been decided by the appointment of a woman physician.

—It is proposed to erect a Swiss Hospital and Home in New York city. The enterprise is under the management of the Swiss Benevolent Society, which already has five thousand dollars for the object. The Swiss in New York number between twelve and fifteen thousand.

—A bill to prevent the manufacture and sale in this State of the "toy" pistol was presented to the Legislature recently. Another bill was introduced allowing the killing of English sparrows at all times. Now if the English sparrows could only be taught to play with toy pistols, all sides would be satisfied.

—A cabman, convicted at the Marlborough street police court for being drunk and incapable while in charge of his cab, and fined 20s., assured the magistrate, in his defense, that it all arose through the folly of attempting to be one's own doctor. He thought the remedy for the complaint he was suffering from was stimulants, but he no doubt had prescribed for himself too much.

—Persistent war continues to be made in Cincinnati upon Italian fruit venders who sell decayed or frozen bananas. Heretofore they have been fined $5 and costs upon conviction, but Judge Higley says that offenders hereafter brought before him will not be dealt with so leniently.

—There is an earnest attempt making to root out the terrible disease of leprosy from the Hawaiian Islands. Fifty lepers have recently been removed from Honolulu to the leper settlement at the island of Molokai, to be separated from their friends and families forever.

—The Chinese papers state that Li-Fu-Yen, wife of the ex-Viceroy of the province of Chilli-le, being seriously ill, her husband had sent for "Miss Dr. Howard." It is added that this lady, who appears to be established in Pekin, is obtaining a good practice among the titled ladies of China.

—The latest instance of the utilization of waste products is that effected at Elk Rapids, Michigan, with the gaseous matter given forth by a blast furnace in which are manufactured fifty tons of charcoal iron per day. In the case to which we refer, the vast amount of smoke from the pits formerly lost in air is now turned to account by being driven by suction or draught into stills surrounded by cold water, the result of the condensation being first, acetate of lime; second, methyl alcohol; third, tar; the fourth part produces gas, which is consumed under the boilers. Each cord of wood produces 29,000 cubic feet of smoke; 2,900,000 feet of smoke is handled every 24 hours, producing 12,000 pounds of acetate of lime, 200 gallons of alcohol, 25 pounds of tar.—*Stearns' New Idea.*

QUERIES AND REPLIES.

Subscriber.—The salary varies on the different lines. The appointments are made by the directors of the companies.

MARRIAGES.

CRAMPTON—MARLING.—On Tuesday, June 5, 1883, at the Fourteenth Street Presbyterian Church, New York, by Rev. F. H. Marling, pastor, Henry E. Crampton, M. D., to Ellen Eliza, daughter of the officiating minister.

DISBROW—COUSE.—On Wednesday, June 13, at the residence of the bride's father, Newark, N. J., by the Rev. James Montgomery, E. Clarence Disbrow, M. D., of Toms River N. J., to Evalena L., daughter of E. M. Couse.

FRAER—WILLIAMS.—June 7, at the residence of W. H. Clement, Esq., Morrow, O., by Rev. E. T. Swiggett, Dr. J. M. Fraer, of Chattanooga, Tenn., to Mrs. Julia S. Williams, of Cincinnati. No cards.

HASBROUCK—SEWALL.—On Wednesday, June 6, at Dobbs Ferry, New York, by the Rev. D. L. Marks, Joseph Hasbrouck, M. D., to Mrs. Ellen M. Sewall, daughter of the officiating clergyman.

KING—NORRIS.—On Tuesday, June 12, 1883, at St. Paul's Reformed Church, Mott Haven, by the Rev. Hasbrouck DuBois, assisted by the Rev. J. M. Sherwood and the Rev. Carlos Martyn, M. Eva Norris, daughter of David Norris, and Nathan S. King, M. D., both of this city.

REICHERT—WELSH.—On Thursday, June 7, at the country residence of the bride's parents, by the Rev. Joseph A. Seiss, D. D., Edward T. Reichert, M. D., and Marion C. Welsh, daughter of Henry D. Welsh.

DEATH.

LEVINGS.—In New York, on Sunday morning, June 10, 1883, Dr. Noah C. Levings, aged 59 years.